

University of Dundee

DOCTOR OF PHILOSOPHY

**Perspectives of Young Sexual Abuse Survivors, Whose Abuse is Unknown to Child Protection Services, about Confidentiality  
A Participatory Study Involving Young Abuse Survivors as Co-researchers**

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PERSPECTIVES OF YOUNG SEXUAL ABUSE SURVIVORS, WHOSE  
ABUSE IS UNKNOWN TO CHILD PROTECTION SERVICES, ABOUT  
CONFIDENTIALITY: A PARTICIPATORY STUDY INVOLVING  
YOUNG ABUSE SURVIVORS AS CO-RESEARCHERS

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Finally, I dedicate this thesis to two special young people. Kirsty my young online friend who taught me so much about online support, but sadly did not survive, she died just before her 15<sup>th</sup> birthday. Her death was recorded as a heart problem but this was due to anorexia caused by long-term sexual abuse. And also, Lou aged 19, another online survivor and friend, who sadly died just before I submitted this thesis. Both these young people have given me hope and inspiration through remaining, kind, compassionate and caring human beings, despite living with constant adversity.

## Declaration

I am the sole author of this thesis. All references cited have been consulted by myself and the work of which the thesis is a record has been carried out by myself. This thesis has not been previously accepted for a higher degree.

All personal information relating to anyone taking part in this study has been anonymised so that no one can be identified from it.

The research was approved by the ESW Research Committee on 25<sup>th</sup> July 2016 Ref no. BH/JL/E2016-12. (See appendix one for the letter).

11.12.2018

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## List of abbreviations

CSA	Child sexual abuse
RQ	Research question
UNCRC	United Nations Convention on the Rights of the Child
APSAC	American Professional Society on the Abuse of Children
ASSIA	Applied Social Sciences Index and Abstracts
DV	Domestic violence
18u	Eighteen And Under
NSPCC	National Society for the Prevention of Cruelty to Children
WHO	World Health Organisation
GIRFEC	Getting it right for every child
PAR	Participatory action research
CAMHS	Child & Mental Health Services
YPAR	Youth participatory action research
LGBT	Lesbian, gay, bisexual, transgendered
SCOTVEC	Scottish Vocational Educational Council
PVG	Protecting vulnerable groups
MHP	mental health problems
PTSD	post-traumatic stress disorder
BIC	been in care
IC	in care
LD	learning difficulty
SH	self-harm
NEET	not in education, employment or training
RTC's	randomised controlled trials
WEMWBS	Warwick-Edinburgh Mental Well-being Scale
RSE	Rosenberg Self-Esteem Scale

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## Abstract

A systematic narrative literature review explored views of young child sexual abuse (CSA) survivors whose abuse was unknown to authorities, about confidentiality. Due to paucity of research, the review included literature about sexual health service users. Seventeen databases and eleven journals were searched and thirty-three papers were identified. Analysis involved exploratory interpretist approach focusing on emergent themes and methodologies. Findings indicated limited participation and that young people want; (i) confidentiality (ii) control of their lives and (iii) they fear child protection agencies.

Empirical research then explored views about confidentiality with young CSA survivors whose abuse was unknown to child protection agencies. Eight survivors engaged as co-researchers in participatory action research utilising a mixed methods approach; using surveys, focus groups, online chats, graffiti walls and interviews. One hundred and forty survivors participated. Age range was 11- 30, with 25 males, 114 females and 1 gender neutral. Researchers designed tools, gathered and analysed qualitative and quantitative data using a social construction thematic approach.

Results found (i) all participants wanted higher confidentiality, with males and under 16's demanding highest confidentiality (ii) males were reluctant to disclose CSA compared to females (iii) abuse retractions were related to loss of confidentiality (iv) involvement as co-researchers was positive and empowering. With limited confidentiality the identified themes for young people were: fear of consequences, lost control, abuse retractions and protecting abusers. With high confidentiality themes were: talking openly, control, empowerment, exploring options, respect and being believed. Young researchers reported improvement in self-esteem and positive life changes.

Conclusions: Young CSA survivors whose abuse was unknown to child protection services want higher confidentiality to build trust and be able to talk about abuse; and involvement of young people in participatory research is positive and empowering.

Recommendations: There appears to be a need for increased confidentiality if young people whose abuse is unknown to child protection services are to disclose their abuse. Further participatory research is needed to explore whether other groups of young people unknown to services report similar and/or different needs.

## **Chapter one: Introduction**

Within this chapter I introduce my research position along with a discussion of the advantages and challenges that being an outsider or insider researcher presents. I introduce the charity Eighteen And Under and briefly describe the work that it does. The research question and aims of the literature review are also presented.

Through my work and early life experiences, I have always had an interest in how best to help young people affected by child sexual abuse (CSA). Having founded and worked for a charity that provides confidential support to young people using a survivor-led approach (where the survivors themselves decide what they need), and listened extensively to what young people say they need, I have become increasingly interested in research with young survivors. That interest has led to this literature review as part of the research for my PhD. I use the word survivor rather than victim to describe people who have been abused as I consider it a more positive and empowering word.

### **Victim or survivor**

There has been debate over many years about the advantages or disadvantages of applying the label victim or survivor to abused people with victim labels being used more in the past to evoke sympathy and highlight social problems (Dunn, 2005). However, labels can be internalised, become part of a person's identity, and result in self-fulfilling prophecy (Thoits, 2011; Moradi, Martin, & Brewster, 2012). Some victims of crime strongly resist being labelled as victims due to social perceptions of being weak, vulnerable and passive (Fohring, 2018), whereas the label survivor suggests strength, active resistance and healing (Convery, 2006). The label survivor suggests a more positive and active individual who might cope better with trauma leading to positive health outcomes. For example, research has shown there to be better mental health outcomes for patients experiencing medical trauma who regard themselves as survivors rather than victims (Jagielski, Hawley, Corbin, Weiss & Griggs, 2012).

A study with adults who had experienced CSA (Hunter, 2010) found that individuals who regarded themselves as victims struggled with strong negative emotions and found it difficult to move beyond their negative experiences and this impacted on their ability to cope. Hunter (2010) also found that some individuals could transform their self-view of being a victim towards seeing themselves more positively as survivors through talking about their experiences of abuse, helping others or even seeking justice.

A systematic literature review (Hockett & Saucier, 2015) compared the literature framing women who had been raped as either victims or survivors and found that differences in framing impacted on conceptualisation of the women, views of empowerment and outcomes. From this review women who had been raped and framed as victims were viewed as stereotypic, limited and with negative outcomes as opposed to being framed as empowered survivors with more balanced and positive outcomes. However, according to a recent study carried out by Williamson and Serna (2018), using the terms victim or survivor for those who have experienced sexual assault may not be positive for all individuals as some do not wish to be defined by, or give any power to, the assault. However, these days, the label survivor tends to be increasingly used by advocates of abused women in an attempt to promote empowerment and recovery (Jean-Charles, 2014).

### **My researcher position**

I am the founder and a paid worker of a charity called Eighteen And Under (18u) (SC026688). This is a unique service that offers confidential services and information to young survivors of sexual abuse. The confidentiality (see appendix two) means working to ensure the young person stays in control and they can decide, with support, how to proceed when they raise issues of concern. Eighteen And Under shares its premises with four other survivor organisations that provide the same degree of confidentiality to survivors of different forms of abuse and from diverse populations such as asylum seekers, Lesbian, Gay, Bisexual, Transgendered, Queer/Questioning (LGBTQ), male survivors, survivors of sexual exploitation and survivors of organised and ritual abuse.

As a researcher I have direct access to many CSA survivors that an outside researcher would not have without going through various gatekeepers and procedures. Even then they might be refused or distrusted (Bridges 2001; Labaree, 2002; Perry, Thuston & Green, 2004). I am a well-known advocate for survivors of sexual violence and a CSA survivor myself. Over the past 20 years I have generated a high level of publicity in local and national press (see press cuttings scrap books, 18u, Dundee), written numerous books (Matthew, 2000; 2001; 2002; 2004; 2005) and other publications about abuse, including an autobiography (Matthew, 2012) and given many talks and presentations on radio, tv and at national and international conferences (Ritual Abuse Conference, USA, 2004; Ritual and Organised Abuse Conference, Wales, 2014; Children in Scotland Together Conference, Edinburgh, 2017; Organised Abuse in the UK, Dundee, 2018; Sexual Exploitation in Scotland, Ayrshire, 2018). My interest in research with survivors; including my motivation to ensure the voices of survivors are heard so as to try and effect change, reduce child abuse and make improvements in society for young people, is public knowledge and widely shared within 18u.

As a worker, survivor and insider, I have bias and acknowledge this as a researcher. My bias centres around believing that survivors are the real experts in their lives, particularly in relation to abuse issues. Central to my position is the belief that young survivors should be afforded a voice and have control over their own lives. The idea of young survivors having a voice and control over their lives is not new and it is easy to agree with this position. However, young people's voices are generally silenced and their perspectives ignored even when their opinions are sought (Chawla & Johnson, 2004; Bartlett, 2005; Theis, 2010). Some suggest that young people should be regarded as individuals with rights rather than as victims (Doek, 2009) though the tension between rights and child protection (Daniel, 2010) is an issue needing addressed. Research has shown that involving young people in their own protection can have positive effects on their well-being (Vis, Strandbu & Thomas, 2011; González, Gras, Malo, Navarro, Casas, & Aligué, 2014; Lloyd & Emerson, 2016), while excluding them increases their fears and reduces their willingness to share their experiences in the future (Coyne & Gallagher, 2011). Some academics believe that protection of children and young people can be improved through meaningful engagement with young people so as to take account of and respond more effectively to their lived experiences and reality (Ruiz-Casares, Collins, Tisdall & Grover, 2017). This is certainly my belief based on my professional experience and reading of the literature. My belief about young survivors might affect my research in that I hold a firm belief about the people I intend to research with and this might possibly make me inflexible in my thinking. I am aware of this though and alert to taking it into account and remaining reflective.

Positionality of a researcher can impact research and affect the ability to gain access to, and get quality information from, respondents (Berger, 2015), and it is intimately interlinked with power relations (Ryan, 2015). In addition, because the beliefs and experiences of a researcher can influence the process and outcomes of research, Berger (2015) suggests being reflexive, self-critical and aware of how these can influence research. Insiders are researchers that share similar identity, language and experiences as the population of the participants (Asselin, 2003), while outsiders are not part of this population (Gair, 2012). These positions are not always thought to be absolute or fixed with some academics suggesting a middle position of in-betweeners (McNess, Arthgus & Crossley, 2013).

Academics have debated the value of the different positions of researchers for many years. Some argue that inside researchers, especially when they disclose this position to participants, hold a privileged position (Perry, Thurston & Green, 2004), are better aware and informed of the lived

experiences of marginalised participants, and can strongly represent their voices and keep them as a priority. It has been argued that there are many advantages to being an insider researcher including easier access to participants and rapport (Hayfield & Huxley, 2015). Being familiar with the lived experiences of participants is thought to be an advantage in designing and developing methods and research questions, recruiting participants, gathering data, analysis of data and dissemination, and also that insider researchers are in a strong position to represent the voices of vulnerable people (Platzer & James, 1997; Griffith, 1998; Kanuha, 2000; Bridges, 2001; Labaree, 2002; LaSala, 2003; Miller & Glassner, 2004; Corbin-Dwyer & Buckle, 2009; Gair, 2012).

There are many challenges for insider researchers such as potential high expectations of participants with a shared identity putting pressure on the researcher to treat information in a particular way (Kanuha, 2000). Due to high expectations there is possibly a greater sense of responsibility (Toy-Cronin, 2018) and insiders can be described as biased (Bilecen, 2013). Also, there are reduced boundaries, which can lead to ethical problems, such as participants sharing more information than they intended, or are comfortable with (Birch & Miller 2000; Watts 2006). In addition, there is no guarantee that an insider will understand perspectives of participants any better than an outsider, as there might be as many differences in their lives as there are similarities (Bridges, 2001). These differences could be as diverse as age, gender, sexuality, health, class or ethnicity. According to Corbin-Dwyer and Buckle (2009), even if the researcher is an insider by virtue of belonging to the group, the boundary of being a researcher and being the subject of research cannot be removed. The distinction of carrying out research as opposed to participating in research always remains (Richards & Emslie, 2000).

Others have suggested that being an outsider researcher may hold some benefits. For example, outsider researchers might explore more in depth, make better observations, and interpret differently due to a lack of knowledge compelling them to ask more questions than an insider would (Morrow, 2005; Hellawell, 2006; Tang, 2007). It is also possible that insiders might overlook issues and take certain issues for granted rather than exploring as thoroughly as an outsider might due to their limited knowledge (Perry, Thurston & Green, 2004). Outside researchers are often described as neutral (Blackledge & Creese, 2010) or objective (McNess, Arthur & Crossley, 2015) but they also hold power and privileges over participants (Wiggington & Setchell, 2016).

A disadvantage of the outsider position can be its inability to understand or accurately represent participants information focused on the unfamiliar (Berger, 2015) or otherness (Fawcett, 2004). Outsiders may not be able to fully understand what it is like to be a part of the population being studied and may miss important concepts and nuances (Berger, 2015; Fawcett, 2004). According to

Berger (2015), outsiders have a problem when it comes to carrying out studies that are focused on unfamiliar or otherness such as CSA due to their lack of conceptual knowledge and language sensitivity. Outsider researchers too normally come from positions of power and authority with the higher educational attainment more commonly associated with privileged backgrounds (Wiggington & Setchell, 2016; Krueger, 2018).

The position of being an insider, outsider or in-betweener (McNess, Arthgus & Crossley, 2013), is thought to be complex, fluid and dynamic, negotiable and able to shift over time and contexts (Mercer, 2007; Muhammad, Wallerstein, Sussman, Avila, Belone & Duran, 2015). Also, some think that the position of outsider or insider is too simplistic a concept and that neither position exists in isolation (Hellowell, 2006). Instead, there is a suggestion that there needs to be greater in-depth reflection on the complex relationships between researcher and participants (Labaree, 2002; Hayfield & Huxley, 2015). According to Kouritzin, Piquemal and Norman (2008) researchers need to be clear and reflexive about positionality to add trustworthiness to the research and Savvides, Al-Youssef, Colin and Garrido (2014) agree but add that positionality needs to be reviewed during data collection and researchers should aim for critical reflexivity to ensure rigour.

While accepting the complexities and challenges of being an insider researcher, Kita (2017) argues that an insider working with vulnerable populations can gather information that would not have been accessible or revealed to an outsider. Taking the position as an insider for my research seems appropriate due to many years of supporting and listening to survivors' narratives motivated by keeping survivors' views and experiences at the top of my agenda (Corbin-Dwyer & Buckle, 2009; Gair, 2012; Milligan, 2014; Hayfield & Huxley, 2015). However, I am aware of my potential bias due to an assumption of experiential knowledge of the study subject. My insider position also suggests subjectivity that may influence the way I search the literature, analyse, review and interpret studies (Aveyard 2014). Through reflexivity I will be conscious of my feelings and positionality during and throughout the study (Takeda, 2012) and use diaries, recording, discussions with other researchers and colleagues and an audit trail to assist in this (Berger, 2015).

Although researchers are encouraged to get close to whatever group or phenomenon is being studied and stay close during data collection, analysis, feedback and dissemination in order to make the research relevant (Flyvbjerg, 2001), the integration of survivors' perspectives and knowledge is thought, by some, to need careful balancing so as to be accepted as valid (Teram, Schachter & Stalker, 2005). I prefer the idea of people being experts through their own experiences (Gilbert & Stickley, 2012) and believe survivors have their own perspectives and knowledge, which could contribute to the body of knowledge. For example, young survivors within 18u who are self-



harmers have successfully set up an online art project to raise awareness for family and friends of self-harmers and this has attracted global attention (Between The Lines, 2017).

Having worked within 18u for over 24 years, supporting and encouraging young survivors to disclose and end abuse, I have a different experience of abuse disclosure from what literature seems to suggest, and this is worth exploring. Young people have disclosed, spoken openly without fear of consequences and been able to explore different options through 18u. Whereas statutory organisations have policy and procedure which requires them to involve police and social work services (amongst others) when there is an abuse disclosure, often leading to investigation and potential prosecution, 18u does not but instead has policies about high confidentiality, empowerment and autonomy. While 18u workers include the option of talking to professionals, they also, depending on the scenario, suggest help from family or friends, practical solutions such as removing the abuser, and 18u treats every case individually, with a focus on the needs and wishes of individuals in the short and long term. The key issue for 18u is to allow survivors to remain in control, tell their story over time if they choose to, and to do so from an informed position.

### **Introducing the charity Eighteen And Under**

As 18u is a unique organisation I will offer some information here to provide perspective. Provision of confidential services for young CSA survivors is rare, despite many consultations carried out by charities (18u & Childline) with young people, that continually highlight demand for high confidentiality (grey literature, Matthew, 1994; 1996) Currently in Scotland, only two charities 18u and Childline Scotland (run by the National Society for the Prevention of Cruelty to Children, NSPCC) provide a fully confidential service for abused young people. 18u goes further and delivers more services than Childline, including e-mail, message-board, drop in, outreach and face-to-face services. Young people are encouraged to join Management and become involved in all aspects of the organisation including staff recruitment, planning, reviews and project management. Over the years 18u has empowered thousands of young survivors to disclose abuse leading to positive outcomes. This is evidenced in records, case studies and anonymous feedback provided by young people. As far as the organisation is aware, there has never been a retraction of abuse once disclosed to 18u, even when the case has gone to court (18u Incident book, 2017).

Providing young people with confidentiality sometimes leads to disapproval of statutory agencies, (DCC complaints folder, 2010) but I have frequently observed high approval of young people. After initial suspicion and testing of confidentiality, young people begin to talk openly with workers and

express appreciation for being able to talk freely and honestly, often for the first time ever (see 18u service user survey, 2009). For example, a 12-year-old was referred to 18u by social services because of suspicion of abuse, but would not talk. After attending weekly for months, she revealed that her stepfather had hit her. Every week she said more until one day she poured out the whole story and cried with relief. This story involved the stepfather sexually abusing her, and sharing her with friends. A few weeks later, she was ready to talk to police and did. (See case book, 18u). Eighteen And Under provided her with support and information, so that she did not feel too disappointed when the abusers were not prosecuted due to lack of evidence.

Eighteen And Under does not identify any young people as a survivor of abuse and does not identify service users to anyone. Young people do not have to provide any information about themselves, can use any name they chose as an identity and can come and go as they wish when the Centre is open. No records are kept on young people except in child protection cases and then only with permission from the young person. All files are locked in the safe which can only be accessed by Management on a need to know basis. Young management members cannot access files about other young people. Everyone using the Centre is provided with information about the policies and expected to adhere to them. The only people who know the identity of service users are those with a need to know, usually the manager and the support worker of the young person. Young people attending the Centre are mostly volunteers or visitors, unless they are attending an activity group. Activity groups are open to all young people so that no one can be identified as a survivor.

There is also an open door policy in the Centre which means that all doors are kept open and young people can go into any room which has the door open. A closed door means that someone wants privacy and this is respected. Young people who wish to talk remain in control of the door and can choose to have it open or closed at any time. If wishing to talk privately with staff, volunteers or even another young person, they simply close the door over to indicate they wish privacy. Also, if they just wish to be alone, they can shut the door over. There are several signs that can be placed on the outside of the doors to make sure other people know that privacy is wanted. Staff do check periodically to make sure the young person is ok and supply refreshments.

Additionally, abuse prevention programmes developed, evaluated and delivered within schools and communities by 18u, when delivered by trained staff, have been shown to be effective in encouraging disclosures of abuse in children and increasing knowledge of personal safety (Barron

& Topping, 2010). This allows young people to get help they need sooner than they might have otherwise, and the young people who receive the prevention programmes can go on to access support from 18u or other agencies (see school disclosure folders, 2005 - 2014).

### **Setting the scene**

Eighteen And Under defines a child as anyone under the age of 18 in line with the definition used by the United Nations Convention on the Rights of the Child (1989).

As my focus is on exploring the literature for research on the views of young CSA survivors about confidential services, I consider it important to understand the background and context. This next section discusses the history and emergence of children's rights, child abuse, the context of privacy and confidentiality and how confidentiality has developed within social services and medicine. It then explores confidentiality for young people and the tensions between children's rights and child protection, and issues of child abuse.

### **Children's rights**

Historically, Western civilisation has been influenced by the Greek philosopher Plato in the Republic and the Laws, where children were regarded as wild and difficult creatures in need of education and guidance from the wiser more civilised adults around them. Some religions took it further with Augustine's doctrine of original sin and, later in the sixteenth century, Calvin arguing that human beings are born as sinners in need of the wisdom of God to guide them. This view of children afforded them no human status but rather required them to be civilised and tamed by adults in society and the church (Calvin, 1960).

Coexisting with this notion of children born as sinners or uncivilised, wild creatures were the opposite views that children were born righteous, pure and simple. The Bible talks of Jesus instructing disciples to become, "humble like this child" (Matthew 18:3-5, King James Version) and theologians such as Clement suggesting in his Paedagogus that adults should learn to imitate children so as to be pure and "unyoked to vice" (1994, pp. 213-16). This view of children as innocent pure vessels affords them some respect in society, but also dehumanises and sets them apart from the rest of humanity.

Aristotle regarded children as undeveloped and less rational than adults but with the inborn potential to develop rationality over time (Jowett, 1947b, & 1947a; Gheaus, 2015). As creatures with a lesser ability to reason, understand justice or morality or contribute fully to society, they would have less right to participation in decision making and society in general. Thomas Aquinas

developed this idea further by describing the stages of moral growth and development from childhood through to fully developed moral adult (Aquinas, 1948; Vinski, 2015). Once again, as with the two previous views of children, a child is not afforded full human status and, in this view, is defined by what they have not yet become, rather than who they actually are.

Locke (1823) later took forward his views of human rights through a developmental lens with children deemed as having potential, as they grew and developed reason and moral understanding, to hold social rights. In his *Essay concerning Human Understanding* (1823), he described the developmental stages of moral and scientific reasoning that develop as the child grows, learns and progresses towards natural human rights. Children, he argued, lack sufficiently developed reasoning, and therefore needed to be property of their parents until they developed enough maturity to own themselves (Archard, 2014). According to Locke, human rights are linked to the capacity of reason and, for Locke, this capacity only applied to adult men who owned land, and this was also embedded in a duty towards God (Archard, 2014).

Rousseau (1947) took a similar view to Locke, though arguing from a perspective of equality and freedom. Children were likened to models of natural freedom but were denied human rights due to their need to be safeguarded from perils of the outside world that might corrupt them. Rousseau argued that only through sheltering children from harm could they become strong enough to become moral, righteous members of society with human rights (Herbert, 2017). Kant (1960) held similar views but for different reason. He did not afford children rights or autonomy, as to him, children were unable to regulate their own needs and desires and therefore incapable of rational thought, he regards education as the means of disciplining children to control their impulses and needs (Herbert, 2017).

Historically, views on childhood in western culture, regardless of different ideology, shared the view that children should have no human rights or autonomy. National and International debate about children's rights still revolve round theories of autonomy, child development and competence. However, a more radical view has begun to drive the children's rights movement (Wall, 2008; Tisdall, 2015). This view recognises children as a marginalised group who can be oppressed, but with the right to a voice and social power. However, unlike other marginalised groups, due to inexperience and youth, children cannot fight for their own civil rights and social power without the assistance of adults.

The League of Nations 1924 Geneva Declaration of the Rights of the Child was the first agreement on children's rights. These rights were focused on the duty of adults to provide for children's needs and the right for children to be protected from abuse and harm. In 1959, The United Nations Declaration of the Rights of the Child covered the same rights but added more, focused around the right to be protected. The next agreement was the United Nations (1989) Convention on the Rights of the Child (UNCRC), which afforded further and more detailed rights particularly around protection. However, for the first time, this agreement mentioned participation rights including the right to be heard, receive information, freedom of expression and right to privacy.

The USA is now the only country in the world that has not ratified the convention. Parents, religious groups and opponents in the USA have campaigned against it (Marshall & Smith, 2006; Hanson, Volonakis, & Ruggiero, 2017), because they believe that children's rights would be in conflict with, and erode parents' rights and limit parents in raising their children as they want. Also, the theory that children are owned by parents who know what is best, and children are not rational or developed enough to make decisions, is still held by many parents and groups who have opposed children's rights to participation and decision-making.

Not everyone agrees with this however, as a growing children's rights movement and increase in participatory research with young people shows (Wall, 2008). There is a view that for children to become full social actors in society and help shape society and influence change, they need to have the same human rights as adults within an inclusive society (Wall, 2008; Tisdall, 2015). Rights for vulnerable groups are not easily achieved but without rights, children are more vulnerable to abuse. The next section provides background about child abuse leading onto the emergence of CSA so as to provide clarity about these issues for those readers without a background in abuse issues.

### **Context of child abuse**

Throughout the 19<sup>th</sup> Century, cases of child abuse are documented, yet the medical profession and society failed to recognise abuse as a problem (Griffin & Williams, 2008; Best, 2017). Despite medics such as Tardieu (1860) clearly describing cases of severe abuse and challenging society to urgently address the issue, children continued to suffer without medical or social interventions (Labbe, 2005; Flegel, 2016). The history of the abuse of children is described as normal practise (deMause, 1998; Flegel, 2016) across centuries, cultures and societies.

In the U.K. the Industrial Revolution of the late 1880's drove changes in society with new wealth forming the middle classes, and extreme poverty and poorer conditions forced on lower classes. The

middle classes, steered largely by Christian morality, wealth and spare time, developed an interest in welfare and rescue societies for children and animals began to appear. The development of the popular newspaper became an important driver of social change as the power of the press to inform and unite people rapidly grew. The 1833 Factory Act provided some protection from economic exploitation and the beginning of education for poorer classes. In 1875, the age of sexual consent for girls was raised from 12 to 16 and in 1884 the NSPCC was formed. By 1893, legislation meant that children under the age of 11 could no longer work in factories and this was raised to the age of 14 in 1918. Childhood was beginning to be defined in the U.K. and western societies, and the need to protect children through legislation was a growing idea.

Two world wars led to a social, political, economic and moral upheaval in the U.K. and other western countries. Women won the right to vote in 1928, a fact that would soon lead to women challenging many spheres of influence and power. The loss of many young men in the wars, the swiftly changing roles of men and women and a changing social, economic, political and cultural climate all contributed to the post-war family welfare approach of Beveridge (Mommson, 2018). During this time, the state did not interfere directly in family life, but this began to change as legislation, public enquiries and political and media attention began to take an interest in child abuse and family life.

The murder of Dennis O'Neil by his carers in 1945, and the inquiry that followed, which found his death could have been prevented, marked the beginning of the many inquiries into child deaths that have continued to the present time (Cunningham & Cunningham, 2017). This first child death inquiry led to the Children Act of 1948, which promoted the importance of children remaining with birth families. This was reinforced by Bowlby's research (1958) highlighting the importance of separation, loss and attachment on development of a child.

Doctors and researchers in Britain were influenced and informed by the developments in America with Griffiths and Moynihan (1963) actively seeking to expose the problem of battered baby syndrome, which they believed was hidden through misdiagnosis and lack of knowledge of the condition. They thought young children to be at risk of death, or injury, and therefore sought to raise public and professional awareness of the syndrome. Within the medical profession, the Battered Baby Syndrome was listed in the index of the British Medical Journal by 1966 and there was increasing media attention towards this. The NSPCC created the battered child research unit, Denver House, in 1968 and began rethinking its direction, as by 1965, it was facing financial crisis (NSPCC annual report, 1995) and, as statutory services expanded to deal with society's new-found

child welfare problem, their services were becoming redundant. The NSPCC research unit published many papers on the syndrome and its approach urged remedial rather than a punitive approach, as they regarded it as a generational disease. The NSPCC quickly became one of the key agencies leading the field in expertise through its research.

There were many child deaths over the years but the first modern high profile case of an arguably preventable death of a child in January 1973, led to a full public inquiry. Media attention began at the time of the public inquiry and helped focus and fuel the public's attention onto the brief life and death of Maria Colwell who was murdered by her mother's partner, with blame and accountability at the forefront (Parton, 1996). The Laming inquiry (2003) into the death of Victoria Climbié in 2000, led to serious condemnations of the failures of statutory services to protect Victoria. More reforms followed this inquiry, but these reforms did not save Peter Connolly in 2007, or the other children who followed Peter, leaving the public, media and Lord Laming (2009) bewildered as to why children still die from abuse, even when under the scrutiny of child protection agencies. Each inquiry revealed the same issues of poor communication and missed opportunities with statutory agencies and workers blamed for the failure to protect children. Yet what is clear from child death inquiries and policy changes from these inquiries, is that it does not lead to better outcomes for children or ensure better practice (Lachman & Bernard, 2006) and deaths still occur (Stevens & Cox, 2009).

Throughout the 1960's and 70's, the growth of women's liberation and feminism encouraged a feminist critique, theories of abuse and the beginning of crisis centres and refuges for women and children. All contributed to the debate about child abuse and began to bring rape, sexual abuse and CSA into the public and political domain (Warner, 2009). Today in the U.K. practically every town and city has a rape crisis centre and a women's refuge aimed at women and children who have experienced abuse. In Scotland, since the turn of the century there has been Government strategy on Men's Violence Against Women and Children which ensures ring fenced funding for women only domestic violence and rape crisis services.

### **Emergence of child sexual abuse**

An adult involved with a child in a sexual way has not always been regarded as abuse, or recognised as a problem, even for the individual child (Kinsey, Pomeroy, Martin & Gebhard, 1953). Kinsey (1953) attempted to study sexual behaviour in a scientific way and he is often regarded as a pioneer who changed attitudes to sex and sexuality (Bullough, 1998; Savin-Williams, 2018), but his work is also criticised for including the activities of paedophiles and the suggestion that children were not seriously harmed by being involved in sexual activity with an adult. Historically children

were often regarded as sexual beings who participate in sexual activities, and it was only as the concept of childhood was developed, and child abuse began to be recognised, that CSA has emerged as a crime of power and control.

Prevalence rates of CSA are unknown but the World Health Organisation (WHO) estimates it to be 20% of females and 5% of males who are affected. Studies vary in what they say about prevalence depending on the population studied, methodology, definition of CSA and rigour of the study. Cyr, Hébert, Tourigny, McDuff and Joly (2009) found 21.1% of females and 9.7% of males reported CSA. Cawson, Wattam, Brooker and Kelly (2000) reported similar rates at 20% for females and 11% for males. Recent U.K. prevalence data (Radford, Corral, Bradley, Fisher, Basset & Howatt, 2011) suggests 11.3% of 18-24 year olds experience CSA and a U.K. study of adverse experiences found that 4.5% of males and 7.5% females experienced CSA. One study (Priebe & Svedin, 2008), carried out with younger people found a CSA prevalence rate of 81% of females and 69% of males. For children and young people with disabilities, the risk of CSA can be 8 times higher than other children (Spencer, Devereux, Wallace, Sundrum, Shenov, Bacchus & Logan, 2005) but the rate varies depending on the extent of disability (Wissink, van Vurt, Moonen, Stams & Hendriks, 2015).

Survivors of CSA face many barriers to disclosure (Alaggia, Collin-Vézina & Lateef, 2017), delay disclosure (Crisma, Bascelli, Paci & Romito, 2004; Easton, 2013; Collin-Vézina, Sablonni, Palmer & Milne, 2015) and studies indicate that between 30% and 80% of children choose not to disclose CSA before adulthood (Lawson & Chaffin, 1992; Arata, 1998; Smith, Letourneau, Saunders, Kilpatrick, Resnick & Best, 2000; Paine & Hansen, 2002; London, Bruck, Wright & Ceci, 2008; Hunter, 2011; McElvaney, 2015). Survivors of CSA are further silenced by doubt and disbelief (Ornstein, Ceci & Loftus, 1996; Nelson, 2009). Most studies have used adult populations to try and find out prevalence and patterns, but some studies have involved young survivors (Kogan, 2004) to examine timing delay of disclosure, first person disclosed to (Priebe & Svedin, 2008), importance of understanding dynamics of the disclosure process, factors influencing disclosure (McElvaney, Greene & Hogan, 2014) and the need for young survivors to contain the secret (McElvaney & Hogan, 2012). However, with the exception of Priebe and Svedin's study, the populations most often involved in this research have been young survivors who have disclosed abuse to authorities, and these are not necessarily representative of the much larger population of young CSA survivors, who do not disclose abuse during childhood.

The negative impact of CSA on social functioning, mental and physical health, maladaptive behaviours (such as substance misuse) and relationships is well documented (Maniglio, 2009; Chen,



Murad, Paras, Colbenson, Sattler & Goranson, 2010; Irish, Kobayashi & Delahanty, 2010; Child Welfare Information Gateway, 2013; Horvath, Davidson, Grove-Hills, Gekosk & Choak. 2014; Domhardt, Munzer, Fegert & Goldbeck, 2015; Public Health Wales NHS Trust, 2015; Sneddon, Wager & Allnock, 2016). Specific mental health issues commonly associated with CSA include anxiety disorder, depression, eating disorders, Post-Traumatic Stress Disorder (PTSD), sleep disorders and suicide attempts (Chen, Murad, Paras, Colbenson, Sattler & Goranson, 2010; Horvath et al., 2014; Sneddon et al., 2016). However, it is also important to highlight that not everyone who has experienced CSA will experience adverse psychological impacts (Sneddon et al., 2016).

I will now consider the concepts of confidentiality and privacy so as to provide further background for my review and research. The concepts of confidentiality and privacy are central to an understanding of the issues involved for young CSA survivors within the context of my research as I seek the views of young survivors in relation to these concepts.

### **Confidentiality and privacy**

Confidentiality is considered by young people to be important so as to be able to trust and retain control over their own lives (Crisma, et al., 2004; Matthew, Barron & Hodson, in print). It is also extremely important to CSA survivors and a lack of confidentiality prohibits survivors from disclosing abuse (Ungar, Barter, McConnell, Tutty & Fairholm, 2009). Current human rights legislation includes the right to privacy and confidentiality through the European Convention on Human Rights (Article 8) and the Data Protection Act, 1998.

The concepts of privacy and confidentiality are closely related and often confused but they are not the same. Privacy as defined by Dhali and Payne-James (2013) relates to the facets of a person's being that no one should intrude into or interfere with. According to Beauchamp and Childress (1994), privacy can be defined as, "the right of the individual to be protected against intrusion into his personal life or affairs, or those of his family, by direct physical means or by publication of information" (p. 307). Privacy is about the person themselves and what information remains under control of the individual.

Confidentiality involves a relationship (Purtilo, 1999; Unguru, 2018) of trust during which a person shares private information with another, with the expectation that it will be kept private and not shared. For many people, what confidentiality means is "if I give you information in confidence, you are not to pass it on to someone else unless with my consent, or in ways which were mutually understood when I gave it to you" (Hedges 1996, p.34). Within different disciplines, confidentiality

is defined slightly differently. For example, Thompson (1979) and Boruch and Cecil (1979) talk about confidentiality being about how information obtained from participants involved in research is only used in a way consistent with the original consent and agreement. The research participants have a relationship of trust in the researcher and expect the researcher will not divulge information supplied by participants to others without permission, except as already agreed (Lancaster, 2017). However, there is never an absolute guarantee of confidentiality:

“Research participants should understand how far they will be afforded anonymity and confidentiality.” BSA ‘Statement of ethical practice’ ‘Relationships with research participants’ (1.b.ii.).

“Sociologists should be careful ... not to give unrealistic guarantees of confidentiality” BSA ‘Statement of ethical practice’ ‘Relationships with research participants’ (1.b. iv.).

“...participants should also be made aware that in certain situations anonymity cannot be achieved,” British Educational Research Association (2011) under heading ‘Responsibility to the public’ (section 13).

So also within social care where confidentiality is the professionals’ duty not to talk about particular things and is differentiated from privilege set by law and owned by the client (Wilson 1978; Congress, 2017). Daniel and Kitchener (2000, p.78) define confidentiality as “a commitment made by a professional that non-public information will not be disclosed to a third party without consent.” Koggel (2003, p.121) states, “the protection of confidentiality is one vehicle for creating relationships that enable free speech and promote self-development.” Confidentiality is regarded as necessary for disclosure and reflection and Bisman (2008) explains confidentiality allows people opportunity to discuss difficult issues and explore options with less risk. Bisman (2008) also explains how clients give up their privacy in order to receive help but in doing so must trust in confidentiality. Were clients unable to trust in confidentiality they would be unable to share personal information that professionals need to help them effectively.

In the U.K. there were no rights in law to privacy until the adoption of the European Convention of Human Rights (ECHR) within which Article 8 states, that “Everyone has the right to respect for his private and family life, his home and his correspondence. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society” (Human Rights Act 1998 - Art 8 ECHR). In the U.K. confidentiality is also upheld and further defined by common law and statute (Pattenden & Sheehan, 2016). Confidentiality on the other hand is a fundamental aspect for professional practice across agencies and disciplines including social services, housing, education and police. As a consequence professional services have guidelines, standards and written codes of conduct to guide

staff and reassure the public as to the degree and limits of confidentiality that can be expected (Fisher, 2008).

I will now explore briefly the evolution of medical confidentiality and confidentiality for young people so as to provide further background and context. Many CSA survivors are involved with health authorities (Lederer & Wetzell, 2014; Spencer-Hughes, Syred, Allison, Holdsworth & Baraitser, 2017), therefore I consider it important to understand before embarking on the review. Young people also have issues with confidentiality due to age and vulnerability. Young people attending 18u often talk about the inequalities associated with their age and question why age should impact on their human rights. This is a complex issue and to better understand it, I consider it relevant to discuss the background here.

### **History and evolution of medical confidentiality**

It is interesting to explore medical confidentiality, partly because it has been an integral part of medicine since ancient times but also because of the links with health services for CSA survivors.

“...whatever, in connection with my professional practice...I see or hear in the life of men, which ought not to be spoken of abroad, I will not divulge...” The Hippocratic Oath.

The rules of medical confidentiality date back to the Hippocratic Oath (5<sup>th</sup> Century BC) and are believed to be the work of Hippocrates or a student, according to Farnell (2004). This oath requires doctors to agree to follow a strict code of conduct, which includes the privacy of patient’s personal information, including not revealing patient’s secrets even after death.

The Hippocratic Oath and ethical guides were updated over centuries until the World Medical Association adopted the Declaration of Geneva in 1948 to bring it into modern times. Confidentiality within the modern oath is to “respect the secrets that are confided in me” and this has remained through every amendment and update since. Confidentiality in this context is about respect and the right patients have to autonomy and to control private information about themselves. Patients trust doctors will keep confidential when they share information and it is this trust that allows patients to share what they would otherwise keep private. Without the agreement of confidentiality between doctor and patient, patients would be unable to share intimate information and the doctor, without all available information, would be unable to effectively treat the patient. Trust that private information will be kept private is essential to effective helping (Bisman, 2008).

However, the right to confidentiality between a doctor and patient is no longer as certain as it once was as in most western countries, there has been a steady erosion of confidentiality in the name of public good (Baker, 2008). Increasing state intervention into the private sphere through legislation now prohibits confidentiality in many instances. U.K. doctors have a legal obligation to ensure confidentiality of patients is maintained in most situations, though there are many situations where a doctor must now disclose information to a relevant authority. Laws such as the Misuse of Drugs Act (1973), Abortion Act (1967), Births and Deaths Registration Act (1953) and Prevention of Terrorism Act (2000) to name a few, dictate situations when doctors must, by law, breach confidentiality. Confidentiality is no longer between the doctor and patient either, as information is now routinely shared across health services with nurses, therapists, consultants and others with access and passwords, all privy to it (Baker, 2008).

The same is true for others within wider medical professions. Nursing and Midwifery have standards of practice that ensure respect for a clients' right to confidentiality unless it conflicts with a risk of harm or laws. Mental health professionals are similar with strong confidentiality and sharing of information between professionals for the purpose of helping clients. These professionals have guidelines that dictate when confidentiality can be broken and there is even, under the Mental Health Act 1983, a law to force someone into hospital for treatment if a doctor believes they need it and if they are deemed unfit to make a decision themselves. Therapists, psychologists, psychiatrists, physiotherapists and the multitude of medical professionals are all regulated under professional bodies and each has guidance on confidentiality though laws have to be adhered to (Fisher, 2008).

### **Confidentiality and young people**

The concept of childhood is again an interesting issue here. As indicated earlier, it was only when western perceptions of childhood began to develop that children's rights were also developed. However, with regard to medicine and childhood the concept of capacity also emerges and adds further depth and complexity to the debate.

The UNCRC upholds the right to privacy and confidential services for young people through Articles 12, 14, 16, 19 and 24. In the U.K. young people under 16 who are deemed to have capacity to understand can give their own consent to medical treatment without parental approval. This notion had been commonly agreed but was eventually ruled by the House of Lords in the Gillick case of 1985. In 2006, the Gillick ruling was that a young person could agree to medical treatment without their parents' consent providing they had the maturity to understand it. This came about after a parent unsuccessfully challenged contraception being provided to an under 16 without informing the parents. This was again challenged unsuccessfully by the Axon case and the right to

confidentiality was upheld as an essential principle for young people to make sensitive medical decisions. It is interesting that both these cases were about confidential sexual health services because conceptions of childhood regard children as innocent and in need of protection however the need to provide contraception to under 16's acknowledges them as active sexual beings who, despite legislation regarding the age of consent to sexual activity, continue to be sexually active. In Scotland, the Age of Legal Capacity Act (Scotland) 1991 provides clear guidance. A young person's right to consent to treatment without knowledge of parents also implies the right to confidentiality (Mason and Laurie, 2006).

The Data Protection Act and Human Rights Act of 1998 have built within them the right to confidentiality and control over disclosure of, and sharing of, personal information. However, there can be a tension between a young person's right to privacy and the presumed need to intervene in relation to abuse, underage sexual activity and crime. The Children Act 2004 and Sexual Offences Act 2003 require that information is gathered in the name of child protection and, according to Roche (2008) child welfare increasingly overrules child rights with professionals having power to share information when they perceive a risk to a child. The right to privacy, and other rights, under the UNCRC can be ignored by professionals who believe a child might be at risk. Whether there is a real risk to a child does not need to be established (Roche, 2008). Roche questions whether children's rights can be maintained in the face of state driven information sharing, under the name of child protection, early intervention and social control.

When it comes to disclosure of child abuse, confidentiality is rare. In the U.K., Scotland, England, Ireland and Wales all work under different legislation though they are based on similar principles. Local authorities and the NSPCC have statutory responsibility for child protection which includes the responsibility to conduct investigations and seek legal intervention. The police hold responsibility for criminal acts including acts of abuse against children. Some employees, such as workers in some voluntary agencies, have a contractual duty through their employment to report suspected abuse, disclosures, sexual activity or crime. However, Stewart (2004) points out that few countries have legislation that oblige people to report child abuse. In countries with mandatory abuse reporting laws, there can be flooding of helplines and inability to respond appropriately (Raz, 2017), and according to Harries and Clare (2002, p. 49), "There is no evidence that mandatory reporting increases the quality, quantity or benefits to children who are 'at risk of harm' or to families who are vulnerable. Indeed, there is some evidence that it does the reverse."

Systems in Scotland follow a broadly public health approach under "Getting it Right for Every

Child” (GIRFEC) (Scottish Government, 2012), now enshrined in the Children and Young People Scotland Act (2015). This approach is closer to other European countries than to the forensic systems in England and the United States for example (Gilbert, Parton & Skivenes, 2011). GIRFEC is an approach trying to improve outcomes through public services that supports wellbeing of children. Based on children’s rights it supports children, young people and their parents to work in partnership with services that can help. It does not however, allow for the right to confidential services. Rather, according to pressure groups such as Say No 2 Named Person (NO2NP), it allows vast amounts of information about children to be shared in the name of child protection and leads to a universal surveillance policy (Llewellyn Jones, 2013).

Recent debates and challenge in the U.K. Supreme court with regard to the Named Person scheme has highlighted the argument between the paternalistic approach of the state to protect children (regardless of whether they want that or not) versus the family as a whole and their right to confidentiality. Indeed, the Supreme court found that the proposed Named Person part 4 of the Children and Young People (Scotland) Act, 2014, which was due to come into force in August 2016, to be defective and in breach of the European Convention on Human Rights (ECHR) right to respect for private and family life. This has prevented the Scottish Government from moving forward with their Named Person scheme which remains voluntary. The Law Society of Scotland in their opposition to some parts of the Children and Young people (Scotland) Bill wrote:

“.... children and young people are entitled to confidentiality and may seek the services of a service provider on the basis that their right to confidentiality will be respected. We are concerned that widening the scope of information-sharing could affect the level of trust between older children and young people and their named person, undermining the function of the role” (Scottish Parliament, 2013, p. 59).

Offering confidentiality to young people, whether through health, counselling, therapy or research, is fraught with dilemmas and guidelines are often insufficient. A literature review (Hiriscu, Stingelin-Giles, Stadler, Schmeck & Reiter-Theil, 2014) of international guidelines on ethics regarding confidentiality with young people found there was a lack of clarity and consistency. This was particularly in regard to sensitive issues such as drug use, abuse and sexualised behaviour with a lack of clarity about when to breach confidentiality or who to share information with. This can leave researchers with practical and ethical dilemmas including consequences of breaching a promise of confidentiality while taking account of the child’s maturity and right to autonomy.

According to Dhali and Payne-James (2013) breaching confidentiality in a doctor-patient

relationship always involves harm due to destruction of the trust patients have that their privacy is safeguarded. Patients are mostly unaware of limits of law or ethics and good practice should mean that patients are made aware of limits prior to a breach of confidence. Even then, harm should be kept to a minimum with the duty falling on the doctor to ensure this. Dhali and Payne-James (2013) also point out challenges and ethical dilemmas in assessing capacity of a traumatised person to understand the complexity of confidentiality and its limits. In the U.S. there have been numerous lawsuits regarding breach of contract and invasion of privacy, (Dhali & McQuoid-Mason, 2011) leading to a growth in the legal privacy industry.

Fisher (2008) claims that psychologists in the USA too have become increasingly conflicted with the ethical-legal dilemma of providing or breaching confidentiality and an Ethics Code that does not offer clear guidance about the degree of confidentiality that can be provided. Psychologists have to inform clients of conditional confidentiality so they are aware, before they use services, of when confidentiality might be breached (Lamont-Mills, Christensen & Moses, 2018). Pope and Vasquez (2007) noted practical problems with psychologists ill prepared to explain conditions under which confidentiality might be breached, leading to clients losing trust in a service before they had accessed it. However, many are still uncertain about the legal requirements of disclosure (Behnke & Kinscherff, 2002) and can face ethical dilemmas when a court demands disclosure of information that was thought to be confidential (Welfel, 2015).

The need for young people to have confidentiality in order to access services is identified in literature. Hallett et al. (2003) claim that the main reason young people do not seek help from professionals is due to the lack of confidentiality. Jenkins (2010) states that confidentiality is really important to young people, particularly in offering them counselling in schools. Boonstra and Jones (2004) found that while teenagers would not stop having sex if there were no confidential health clinics, they would certainly stop using clinics.

### **Research Questions**

A good research question needs to be clear, answerable, specific and relevant (Robson, 2002; O'Leary, 2017). It needs to be easily understood by research participants and researchers, ensuring we are all focused on the same issues. The question needs to be one that can be answered by the people being asked about it and needs to be relevant to those participants who are willing to get involved, but also to my employers, as they have supported my studies. In addition, it also has to be relevant to the research community so as to add to existing knowledge (Punch, 1998; Leavy, 2017). Having explored some of the literature, historical background and evolution around issues of CSA,

confidentiality, rights and protection of young people and the context of these in some detail in this chapter, the analysis of this complex context led me towards forming the research questions. As can be seen earlier in this chapter, my interest was based on both personal and work experience. My reading and research prior to beginning the PhD led me to believe young CSA survivors' voices were not really being heard and I wanted to challenge this and be creative in the way that I did this. After much supervisory debate and discussion I arrived at the following research questions:

- 1) What are the views of young CSA survivors whose abuse is unknown to child protection services, about confidentiality?
- 2) What are the conceptual and methodological areas relevant to young CSA survivors to build on current knowledge in the field?

### **Chapter summary**

In order to begin to research and explore the perspectives of young sexual abuse survivors it is important to outline the various definitions and concepts relevant to the study. Complexity is inherent with regard to firstly identifying what is a child and is essential, as this definition directs the legal and policy framework within the U.K. and within Scotland where 18u is based. Eighteen And Under is a voluntary organisation providing confidential support and information for young CSA survivors through listening to their needs, providing options and encouraging and supporting them in their decisions. The aim of 18u is to empower and respect the autonomy and rights of young people to make decisions in their own lives, however at times the respect for confidentiality it shows young people may present as in conflict with wider perceptions of confidentiality and privacy.

By outlining the difference between confidentiality and privacy it is evident a subtle but important distinction emerges. This distinction is important because it seems likely that currently some young people may need to remain silent to protect their privacy. The issue of confidentiality for young people is not straightforward, particularly when viewed alongside the erosion of confidentiality for the common good and the tensions between the rights of young people to confidentiality and child protection.

The movement towards human rights for children that include participation rights and privacy is one which is central to my interest in exploring the views of young sexual abuse survivors and also my commitment to participatory research. When developing the research question I sought to



ensure my position as insider researcher and the trust I already had with those accessing the services of 18u was used to support young survivors to have their voice in the research as a whole.

## **Chapter two: the literature review**

### **Aims of the literature review**

The purpose of this review was to explore research on the views of young people about confidentiality and confidential services for young CSA survivors. Prior to embarking on research with young abuse survivors, the aim was to find out what had already been discovered by researchers, how it has been discovered, explore how this work could be built on and find out what gaps, if any, there were in research and methodologies. The intention was to become familiar with what was already known about confidentiality in regard to young CSA survivors and explore current knowledge and thinking.

The research questions identified in chapter one were:

- 1) What are the views of young CSA survivors whose abuse is unknown to child protection services, about confidentiality?
- 2) What are the conceptual and methodological areas in need of exploration that are relevant to young CSA survivors to build on current knowledge in the field?

From the above research questions I refined the questions for the literature review and therefore set out to find:

- 1) What literature is available regarding the views of young CSA survivors and confidential services?
- 2) What are the conceptual and methodological areas that are relevant to young CSA survivors to build on current knowledge in the field?

### **Types of literature review: current debates**

Grant and Booth (2009) describe fourteen types of literature review but point out that there is overlap in methodologies and the use of terminology between many of them. According to Dodgson (2017), the purpose of literature reviews is to inform practice and policy about what is already known in a particular field, test the strength of the available evidence on a subject, and find out any the gaps in knowledge that may need to be answered. Literature reviews are important as they bring together all available information on a topic to provide a wider view of current knowledge (Aveyard, 2014). To accomplish this, knowledge synthesis research needs to be carried out to the best possible standard and researchers are advised to read widely about the different types of

literature review and choose the method that best meet their needs. For this reason, I explored different types of literature reviews, prior to conducting my own review of the literature so as to consider what method would suit my purpose and the question best.

Although aware of the need to conduct a literature review as part of the thesis, my initial approach was to engage in the reading without really considering any systematic approach to the literature. This was partly due to my interest in the subject and my enthusiasm to explore many different possible avenues for the research as a whole. However, it was not long before the volume of literature became a little overwhelming and it became evident I would need to spend some time considering the different types of literature review and how they might best suit my purpose and research questions.

Systematic reviews are more commonly conducted in the field of medicine, and have well developed objective criteria with strict established protocols (Moher, Shamseer, Clarke, Gherzi, Liberati, Petticrew, Shekelle & Stewart, 2015). They use rigorous and well-defined approaches to identify primary research evidence from individual studies, in a specific subject area to assemble, critically appraise and synthesise all relevant issues on a specific topic (Carney & Geddes, 2002; Hoekstra, Mütsch, Kien, Gerhardus & Lhachimi, 2017). This approach attempts to minimise bias and provide a transparent study that can be replicated elsewhere (Centre for reviews and disseminations, 2017). Systematic reviews are best suited for focused topics (Collins & Fauser, 2005; Gough, Oliver & Thomas, 2017) and are often used to evaluate intervention research and evaluate outcomes. The purpose of a systematic review is to provide a complete list of all studies relating to a particular subject matter and the approach that is widely viewed as the gold standard for literature reviews and inform clinical practice in health is the Cochrane Review. However, Greenhalgh, Thorne and Malterud (2018) suggest that because systematic and narrative reviews serve different purposes, they should be regarded as complementary to each other rather than either being regarded as superior.

A narrative review critiques and summarises relevant literature and draws conclusions about the topic in question. According to Noble and Smith (2018) narrative reviews appraise and synthesis information and evidence into a user-friendly format, and can present a broad perspective on a subject. This type of review considers studies from which themes and conclusions can be developed into a holistic interpretation based on the researchers own experience and existing theories and models (Campbell Collaboration, 2001; Kirkevold, 1997; Hart, 2018). Results of this review are more usually of a qualitative rather than a quantitative nature. One strength of this method is to encompass the diversities and pluralities of understanding around research topics and the prospect

of sharing self-knowledge (Jones, 2004). Narrative reviews are best suited for comprehensive topics (Collins & Fauser, 2005), and they should make the search criteria explicit. They aim to critically evaluate specific topics of research with the main aim of providing a background for understanding current knowledge. The results of this can inspire new research by identifying knowledge gaps, which can help researchers define research questions. Beecroft, Rees and Booth (2006) and Hart (2018) argue that a focused and clear research question is essential before undertaking a literature review.

There are advantages and disadvantages of the different types of review (Noble & Smith, 2018; Hart, 2018). The main advantage of systematic reviews is that they are based on the findings of comprehensive searches of literature of all available resources, with low selection bias and avoiding subjective bias. Narrative reviews, on the other hand, can allow for experts' intuitive, experiential and explicit perspectives in focused topics. According to Hammersley (2002) a review which is thoroughly carried out, has a system in place which takes account of all evidence, and makes sound and reliable judgements, is in fact systematic.

There are numerous types of reviews available, diverse terminology and variations in process and rigour, to the point that Booth and Grant (2009) suggest a need for internationally agreed review categories, so as to bring understanding and clarity to the range of review types. Having explored and reflected upon different types of review that might fit my study, and taken account of the opinions of various academics such as Hart (2018), Booth and Grant (2009) and Aveyard (2014), I decided that my review must be as systematic as possible in gathering, appraising and analysing studies and also to assist me in making sense of literature and in keeping my own focus.

Being systematic in my approach allows the review to be as transparent as possible and provides me with an approach that suits my research needs as a researcher learning new skills. It also helps me to remain focussed and takes account of my busy lifestyle. At the same time, due to my commitment to hearing and sharing the voices of young people my review would be integrative of quantitative and qualitative literature so as to find and be able to review as much information as possible. Exploring a narrative and qualitative review style would also allow me to adopt a holistic approach and hopefully allow the voices of the young people to emerge and be heard.

The review approach I adopted was predominantly systematic in approach as this allowed for a comprehensive search of available literature. However, once this had been undertaken I then engaged in further searching to ensure I had also considered literature which captured the narrative of young CSA survivors.

## Reminder of the Research Question

- 1) What literature is available regarding the views of young CSA survivors and confidential services?
- 2) What are the conceptual and methodological areas that are relevant to young CSA survivors to build on current knowledge in the field?

## Approach to the literature review

The first phase of the review was a scoping exercise to read widely around the subject so as to become familiar with the available literature. As indicated earlier in this chapter, I had already begun this process early in the PhD journey as I was eager to read around my chosen subject. However, a scoping review helps to contextualise the research question and review by defining key concepts such as young sexual abuse survivors, confidentiality and views of young people. Aveyard (2014) suggests that contextualising and refining concepts helps in providing clarity and focus for the research question and provides an indication as to what type of literature is required to guide the study. I began to realise my initial approach to the literature and wide reading around the subject had been helpful in prompting my thinking and interests, however, I also needed to think about context and refinement. I recognised that my study was one which would raise some challenging issues and so it was important to be very clear about the key concepts from the outset.

As suggested by Hart (2018) clear systems and search terms are important to finding relevant literature. I chose the following search terms after reflection and discussion with colleagues. Search terms were: confidentiality; privacy; autonomy; child sexual abuse; adolescents; teenagers; views; young people; survivors; school-linked sexual health. Searches were refined using and/or with different keywords and refined and limited by 'not' to remove excluded papers. Editorials in journals were accessed, downloaded and viewed to identify areas of interest and other possible key words to use in further searches.

This helped identify the most effective words to use for most accurate results. A thesaurus was used to find similar words to try and, as relevant articles were discovered, keywords used by authors were added to the keywords list. Further keywords and phrases used in the search were; confidential services; views of young people; opinions of young people; views of young survivors of child sexual abuse; confidential services for young people/adolescents; young survivors of sexual abuse; young people and confidentiality; confidential health services for young people; adolescent's

confidentiality, rights of young people, confidentiality and privacy of young people. Searches were refined using additional keywords including; young people's views/opinions; child sexual abuse; confidentiality; adolescent's perspectives and violence; privacy; autonomy and young abuse survivors to try and discover further papers. Some keywords were obtained from journal articles discovered during searches.

The University of Dundee library was extensively searched using CrossSearch's both simple and advanced features to identify academic papers. Preliminary searches were carried out in Education & Social Work, Humanities, Life Sciences, Politics, Law, Medicine, Philosophy, Psychology, History, Art and Nursing & Midwifery. Economics, Mathematics, Science and other such disciplines were not explored as I considered them less relevant due to the assumption they are more about numbers and science rather than people. This broad search across a section of disciplines was to explore where best to look for appropriate literature and also consider what, if any, literature might be available in other fields.

In my early reading around the subject I found most sources of literature in journals and books pertaining to Education, Social work, Nursing and Midwifery. Therefore when I began my systematic search it was in these areas that I applied my search terms. The databases searched were SCOPUS, ASSIA (Applied Social Sciences Index and Abstracts), Turning Research into Practice (TRIP), Cambridge Journal Online, Oxford Journals, Wiley InterScience Journals, Wiley Online, Medline, Springer Link, Brill Online, Jama Network, Web of Science, Heinonline, ScienceDirect, British Education Index, Sage Journals and Cochrane Library. Searches were also carried out to access dissertation and thesis papers through Index to Theses, ProQuest Dissertations & Theses Database and OpenThesis.

I carried out a search on Google Scholar using the same keywords and phrases and also in several journals including the Journal of Adolescent Health, Journal of Nursing & Practice, Journal of Research in Nursing, Pastoral Psychology, Child Abuse Review, Journal of Interpersonal Violence, Child Abuse & Neglect, Child & Adolescent Social Work Journal, International Journal of Children's Rights, Journal of Tropical Paediatrics, Child Development and Child & Family Social Work. I chose these journals as papers I found during searches were published in them, and because their subject matter seemed close to my area of interest.

Searches were refined firstly by reading the title of papers to decide if they held relevance defined by the keywords. For those with relevant titles the abstract was read and if it seemed relevant to the

literature review the paper was explored further. Studies were rejected at the abstract stage if they gave the views of professionals, parents, teachers, other adults or anyone other than young people. If the abstract indicated the study might meet the criterion, the full text was accessed and read in detail. A database was set up to record dates of searches, name of databases searched, number of results from searches and keywords and filters used. A database was also set up to record information on all relevant research papers retrieved including authors, year of study, methodology, population, country, limitations and outcomes. A note was made of the main themes within each study. Studies were rejected if young people were over the age of 18 or if young survivors were in therapy, care or involved with child protection authorities.

The search was then redefined and widened to include studies on young people's views of school linked sexual health services. The rationale for including this was that the principle of providing sexual health services to young people seems to be widely accepted in western countries as a means of reducing adolescent pregnancy and sexual infections (Ingram & Salmon, 2010) and, according to Murray, Thomas and Rogstad (2006) and Boonstra and Jones (2004), confidentiality of these services is vital for young people. According to Rogstad and Johnston (2014) CSA survivors may continue to use sexual health services even when disengaged from other services. Young CSA survivors can be identified through sexual health clinics (Lederer & Wetzel, 2014) and sexual health services have an important role in identifying CSA survivors (Spencer-Hughes, Syred, Allison, Holdsworth & Baraitser, 2017). All of this is suggestive of young CSA survivors using sexual health services.

In light of my thinking about survivors possibly needing to use sexual health services, I considered there might be studies with views of young people on confidentiality, and these studies might include views of young people who have been sexually abused and have accessed these services. Young people who are being sexually abused rarely disclose abuse during childhood (Smith, Letourneau, Saunders, Kilpatrick, Resnick & Best, 2000; Priebe & Svedin, 2008) but may possibly attend confidential sexual health services out of necessity (Senn, Carey, Venable, Coury-Doniger & Urban, 2006) without mentioning abuse, to avoid child protection procedures. The rationale for targeting school linked sexual health services was that this would define the age of service users more clearly than general health based sexual health services which are open to all ages.

As indicated earlier in this chapter, there were several points at which I refined the search terms and this was one such point. The widening of the search increased the keywords to include adolescents/young people/teenagers/ and sexual health; confidentiality in school based/linked

sexual health services and young people's views/opinions of confidential sexual health services in schools. These words were tried initially to see how effective they were at finding papers, and keywords were further refined from papers found. The search was widened to include studies from countries without robust child protection policies and the searches, using original key words were carried out again to identify further literature.

As studies were identified they were added into the database, read thoroughly and data extracted relating to the research question, methodology, population, findings, outcomes, limitations and sample size. An exploratory interpretive approach was used to analyse both quantitative and qualitative data, but it was analysed qualitatively (Dixon-Woods, Agarwal, Jones, Sutton & Young, 2005) and grouped into topics and themes to establish key emerging themes from data extracted across all studies. Themes were then further analysed by comparing and contrasting them with each other and exploring key concepts to develop a deeper understanding. Themes and data were revisited several times to ensure a thorough analysis and understanding was achieved.

The results sections of studies provided data in the form of quotations or findings that were supported by data. As themes emerged, they were coded and inserted into a table (see table 2.2: themes from literature review). Each study was read and reread and notes were added to the table to provide further clarity and meaning. The author interpreted and coded the data and then decided the themes based on thoroughly reading each paper systematically and reflecting and focusing on the themes. Themes were grouped into similar columns, papers reread and final themes decided after reflection. The approach was reductive in nature and included data retrieved from all methodologies without making distinction between them. Emerging themes were constantly compared and categorised until a refined list of views of young people was drawn up.

I had decided to include grey literature in my review as I believed that it might include the voices of young people. Grey literature consists of pieces of knowledge that are not peer-reviewed such as those which are published in academic journals (Lawrence, Houghton, Thomas & Weldon, 2014) and they can contribute to the body of knowledge (Rothstein & Hopewell, 2009). Grey literatures usually has no abstract, so can only be identified through reviewing the entire document then deciding relevance to identify relevant literature (Benzies, Premji, Hayden & Serrett, 2006) which makes finding it challenging and time consuming. This grey literature lacks rigor and has a high degree of bias. Methodology is questionable; there is a lack of reference to literature and, for most of it, there has been no peer review or external scrutiny. Most of the grey literature arises from



agencies attempting to find or share information about service users, find out the needs of young people and give them a voice.

The search for grey literature was conducted via the Internet through Google Scholar using the advanced search function and keywords and phrases to identify unpublished research, international research and papers presented at Conferences. Also, child protection and abuse survivor websites were explored including Children First, NSPCC, Childline, Survivors Scotland, Survivors Trust, Survivors UK, Rape Crisis Scotland and American Professional Society on the Abuse of Children (APSAC). A search of 18u's archives was also undertaken. Sites searched were restricted to English speaking and to those known to the author due to time and language constraints.

### **Inclusion criteria**

Eligible studies were those involving participants under 18 who had experienced sexual abuse, were given confidentiality to participate and were not known to child protection agencies for reasons I shall discuss presently. Under 18 was chosen as that is the age of a child according to the UNCRC and is also the age group that I am interested in due to my work at 18u. This criterion was widened due to a paucity of literature to include views of young people about abuse and also young people's views of sexual health services. It was also vital that the study focused on exploring views and experiences of young people as to their needs and experiences, reported by young people rather than parents, carers or professionals as historically young people have not always had their views listened to or been afforded agency as already pointed out in chapter one.

The initial searches were limited to countries, such as the U.K., Australia, USA and Europe, with western approaches to child protection policies and procedures and some degree of children's rights. This was so that they were more comparable to each other. All sizes of studies, all methodologies, all time periods and all interventions and outcomes were included. The reason it was decided not to include studies from those involved in therapy, care or criminal investigation and not afforded confidentiality was threefold:

1. Firstly, it is estimated that between 30% and 80% of sexually abused children do not tell about abuse as children (Lawson & Chaffin, 1992; Paine & Hansen, 2002; Smith et al., 2000; Priebe & Svedin, 2008). Only a minority of young people disclose abuse to authorities (Lahtinen, Laitila, Korkman & Ellonen, 2018). Though prevalence studies differ depending on definitions and methodology, some suggest that the prevalence rate of CSA might be around 21% for females and 11% of males (Cawson et al., 2000). Recent U.K. prevalence data (Radford et al., 2011) suggested

that 11.3% of 18-24 year olds had experienced CSA while a Swedish study (Priebea & Svedin, 2008) that focused specifically on 18 year olds, found an exceptionally high prevalence rate of 81% for females and 69% for males. This means the vast majority of child survivors never come to the attention of authorities. Studies involving young people known to authorities are therefore not representative of most young CSA survivors.

2. Secondly, young people who have disclosed to authorities or been discovered by authorities may hold a different view to survivors who chose not to disclose or who have not been discovered.
3. Thirdly, if young people in the study are not afforded confidentiality they may be unable to speak openly and frankly (McPherson, 2005; Coleman, Roker & Winn, 1995; Jenkins, 2010).

### **Exclusion criteria**

All studies that did not give the specific views of young people were excluded from the review. Studies giving the views of parents, carers, workers or agencies were similarly excluded, unless there was separate data available from young people which could be accessed independently. The rationale for this was to ensure adherence to the thesis title and research questions which specifically focus on the views of young people.

Also excluded were studies involving young people who were known to child protection services because they had disclosed CSA, or the abuse had been discovered. This included studies involving therapists, counsellors, social workers, police and criminal justice. The reason for this was that only a minority of young CSA survivors come to the attention of the authorities and there may be reasons that these young people become known to the authorities while other young survivors remain hidden. I wanted to make sure that I remained focussed on the group of young CSA survivors whose abuse had not come to the attention of the authorities so as to be able to try and understand their specific needs.

Studies which were not in English or not translated into English were also excluded. This was for convenience due to my lack of proficiency in other languages.

## **Reviewed literature: numerical and methodological data**

The search initially identified two studies (Crisma, Bascelli, Paci & Romito, 2004; Jackson, Newall & Backett-Milburn, 2013), which fitted the search criteria (see table 2.1). These studies involved young people who had been sexually abused and who were able to give their views about abuse and their needs within a confidential setting. Only one (Crisma, et al, 2004) fully fitted the criteria in that the young people who took part chose to be involved in research, in an informed manner, while the other study (Jackson et al., 2013) was a study of data obtained from calls to a confidential children's helpline. The majority of studies which were found about CSA and young people were prevalence studies; studies about disclosure patterns; the effects of abuse, and studies with young people whose abuse was known to child protection agencies.

On widening the search to include all forms of abuse including CSA one further study was identified (Ungar, Tutty, McConnel, Barter & Fairholme, 2009), which included young survivors of other forms of abuse. The majority of studies found during the widened search were focused on domestic violence ( $n = 449$ ), physical violence ( $n = 333$ ), neglect ( $n = 732$ ), and other forms of violence ( $n = 3839$ ), but few gave the perspective of the child ( $n = 4$ ), and the majority were prevalence studies. One of these was initially accepted for the review as it seemed to fit the criteria but further close reading of the full paper found it to be another prevalence study, albeit one that consulted young CSA survivors. However, it did not ask young people their views and merely gathered data about abuse.

When the search was widened to include the views of young people, about abuse, and to include studies from countries which did not have similar child protection systems, two further studies (Miles, 2000; Chan, Lam & Wan-Chaw, 2011) were identified. References of all review papers were searched for further papers, but none were identified. Papers retrieved during searches mostly focused on prevalence ( $n = 244$ ), effects of abuse ( $n = 73$ ), disclosure patterns ( $n = 74$ ) and views of various adults ( $n = 37$ ). Those that did involve views of young people were either focused on prevalence rates, patterns of disclosure or were conducted with young people known to child protection agencies. None of these fitted the criteria.

As explained in the methods part of this review, the search was then expanded to include papers containing young people's views on confidential sexual health services. Most papers retrieved were the views of adults, including parents ( $n = 861$ ), nurses ( $n = 522$ ) and other professionals ( $n = 1022$ ), while others were focused on uses of services ( $n = 28$ ), issues of sexual health ( $n = 61$ ), and

pregnancy ( $n = 65$ ). After sifting through papers retrieved from the databases and journals, six papers were identified that fitted the criteria, and then a further four were retrieved after searching references. This gave a total of 15 academic studies for this review.

My initial response to finding only 15 academic studies confirmed my thinking about the voices of young CSA survivors being scarce. This helped me focus more on ensuring that I find ways of increasing their visibility through the literature review. It also helped me begin to consider and think about how I might conduct my empirical research.

### **Grey literature retrieved during the literature search**

From the grey literature eighteen papers were identified which matched the original review criteria. These papers came from web sites, voluntary organisations, conferences, forums and round table events. Whilst the grey literature lacked the rigor of peer reviewed papers and were subject to author bias these papers were significant because they represented an attempt to listen to the views of young CSA survivors and find out their needs. Many were agencies attempts to find out from young people and services users what they want and need from services and as such I believed them to be of interest and worthy of inclusion in the literature review.

### **Information about all the studies**

There were a total of 33 studies retrieved from the search for this review (see figure 1 in appendix five). The date range of the studies was between 1990 and 2017. Eleven academic studies were from Europe, two the USA, one Canada, one Hong Kong and one Sri Lanka. Most of the grey literature was from Scotland ( $n = 15$ ) with two from the U.K. and one from Europe. Sample sizes ranged between 9 and 2986 and age range was 5 - 25 across all studies (see table 2.1).

Table 2.1: Information regarding all reviewed studies (note that size indicates the number of participants in the study and although the age range in some of the studies was out with the inclusion criteria in 6 of the studies, there was enough information available in the study to focus on those age 18 and under).

References	Year	Country	Method	Place	Size	Age	Population
Crisma, Bascelli, Paci, & Romito	2004	Italy	Qualitative phone interviews	phone	36	12-22	CSA survivors
Jackson Newall & Backett-Milburn	2013	Scotland	Qualitative analysis of ChildLine data and quantitative analysis of wider data	n.a.	2986	5-18	CSA survivors
Ungar, Tutty, McConnel, Barter, Fairholme	2009	Canada	Qualitative analysis of evaluation of violence prevention program, interviews, focus groups	school	1099	12-19	abuse survivors
Miles	2000	Sri Lanka	Quantitative questionnaire	school	145	13-17	school children
Chan, Lam & Wan-Chaw	2011	Hong Kong	Qualitative focus groups	school	87	9-13	school children
Carlson & Peckham	2003	UK	Qualitative & quantitative survey, focus group	school	496	13-15	school children
Ingram & Salmon	2010	UK	Qualitative & quantitative data base analysis, questionnaire, interviews	school	515	10-16	users of sexual health clinic school children
Nwokolo, McOwan, Hennebry, Chislett & Mandalia	2002	UK	Qualitative & quantitative, questionnaire, focus group.	school	744	11-18	school children
Murray, Rogstad, Thomas	2006	UK	Quantitative survey	school	295	14-15	school children
Bar-Cohen	1990	USA	Quantitative survey,	clinic	144	14-17	sexual health service users
Schaffer, Jost, Pederson & Lair	2008	USA	Qualitative focus groups with girls	school	9		service users
Reeves, Whitaker, Parsonage, Robinson, Swale & Bayley	2006	Wales	Quantitative questionnaire	school	260	15-16	school children
Kay, Morgan, Tripp	2006	UK	Quantitative survey	school	590	11-17	school children service users
Donnelly	2000	N. Ireland	Qualitative focus groups	community	26	15-25	young people
Hayter	2005	UK	Qualitative & quantitative questionnaires & Interviews	clinic	166	13-18	users of clinic
Matthew	1994	Scotland	qualitative & quantitative survey, focus groups	Street, school, 18u	210	10-17	male & female
Matthew	1997	Scotland	quantitative survey	Street, school, drama group	1000	12-18	male & female
Cunningham	1998	Scotland	qualitative interviews	18u	7	11-22	CSA survivors female

Ireland	1999	Scotland	qualitative interviews	18u	9	11-18	CSA survivors female
Laidlaw	2000	Scotland	qualitative interviews	18u	7	13-20	CSA survivors female
Matthew	2000	Scotland	quantitative survey	street	1072	12-18	male & female
Godsman	2003	Scotland	quantitative survey	Street, school	200	7-18	male & female
Godsman	2003	Scotland	qualitative interviews	18u	12	7-18	CSA survivors male & female
Brown	2005	Scotland	quantitative survey	Street, school, 18u	351	6-16	male & female
Carson	2005	UK	quantitative survey	Street, community centre	226	10-20	male & female
ChildLine	2005	Scotland	report	n.a.	n.a.	n.a.	n.a.
Ferns & Stace	2007	UK	quantitative survey	Samaritans evaluation	31	Under 15	male & female
Laurie	2008	Scotland	quantitative survey	Street, school	1100	10-18	male & female
Matthew	2009	Scotland	quantitative survey	18u	80	10-18	CSA survivors, male, female
Armstrong	2010	UK	quantitative evaluation	Samaritans evaluation	131	Under 15	male & female
Hill & Wales	2011	Scotland	report	n.a.	n.a.	n.a.	n.a.
Child helpline	2013	Europe	report	n.a.	n.a.	n.a.	n.a.
Children 1 <sup>st</sup>	2015	Scotland	report	n.a.	n.a.	n.a.	n.a.

## Quality appraisal

There are currently many quality appraisal tools available for the use of researchers but the number and diversity of these tools makes it challenging even for experienced researchers to choose which to use and the decision about which tool to employ depends on several factors including the expertise of the researcher, time and resources available (Majid & Vanstone, 2018). There is also a lack of consensus about methods and standards (Melia, 2010) with some researchers indicating that details regarding procedure and methodology might be absent from a paper but present in the research process (Sandelowski & Barroso, 2007). Furthermore, Melia (2010) asserts that in qualitative research quality of findings is more dependent on the ability of researchers than the methodological process. Many researchers do not recommend excluding studies based on quality appraisal (Barnett-Page & Thomas, 2009; Saini & Shlonski, 2012) or have never excluded studies based on quality appraisal (Majid & Vanstone, 2018).

Human judgement based on experience and practice is central to quality evaluation (Orr, 2010). According to Sandelowski (2014) accessing the quality of qualitative or mixed methods research is a matter of taste rather than following a set of criteria. Sandelowski (2014) describes taste as “the

aesthetic sensibilities that play such a key role in evaluation the goodness of any object” (p. 86). Taste suggests judging quality of qualitative studies based on a person’s ability to know and select the appropriate knowledge to judge value with practitioners constantly engaged in “taste-making” (Sandelowski, 2014, p. 86), or refining their judgements to agree and justify what is good or bad quality. With all this in mind, after exploring the use of checklists and quality evaluation tools, I decided that I did not have the time, resources or expertise to decide which was the best quality appraisal tool to use. Instead I relied on using a systematic approach to explore methodology, sample size, population, setting, participation and data analysis of the papers.

The quality of each study was considered and analysed to find out how robust each study was. This was achieved by looking at objectives, design, sample-size and sample strategy, methodology, analysis and whether or not a pilot was carried out. According to Barnett-Page and Thomas (2009), these criteria are good indicators of quality and have been used by other reviews. Although no studies were excluded based on quality (Thomas & Harden, 2008; Gough, Oliver & Thomas, 2017), better quality studies helped inform themes.

### **Findings of the retrieved studies**

As might be expected, the 33 studies pertinent to CSA and retrieved for this literature review made use of a range of research methods.

- Ten papers were qualitative studies (Crisma et al., 2004; Jackson, Newall & Backett-Milburn, 2013; Ungar, Tutty, McConnel, Barter & Fairholme, 2009; Chan, Lam & Wan-Chaw, 2011; Schaffer, Jost, Pederson & Lair, 2008; Donnelly, 2000; Cunningham, 1998; Ireland, 1999; Laidlaw, 2000; Godsman, 2003).
- Fourteen were quantitative (Miles, 2000; Murray, Rogstad & Thomas, 2006; Bar-Cohen, 1990; Reeves, Whitaker, Parsonage, Robinson, Swale & Bayley, 2006; Kay, Morgan & Tripp, 2006; Matthew, 1987; Matthew, 2000; Godsman, 2003; Brown, 2005; Carson, 2005, Laurie, 2008; Matthew, 2009; Armstrong, 2010; Ferns & Stace, 2007).
- Five studies (Carlson & Peckham, 2003; Ingram & Salmon, 2010; Nwokolo, McOwan, Hennebry, Chislett & Mandalia, 2002); Hayter, 2005; Matthew, 1994) used a mixture of both quantitative and qualitative methodology.

There were four methods of data collection over the studies, with some studies using more than one method (see tables 2.3 and 2.4 in appendix three and four). Three studies analysed data collected for

other purposes (Jackson et al., 2013; Ungar et al., 2009; Armstrong, 2010), Seven studies used focus groups (Miles, 2000; Chan et al., 2011; Carlson & Peckham, 2003; Nwokolo et al., 2002; Schaffer et al., 2008; Donnelly, 2000; Matthew, 1994) and seven studies carried out interviews (Crisma et al., 2004; Hayter, 2005; Ingram & Salmon, 2010; Cunningham, 1998; Ireland, 1999; Laidlaw, 2000; Godsman, 2003). Surveys were used with almost all studies except those using data analysis, reports and the following, (Crisma et al., 2004; Chan et al., 2011; Schaffer et al., 2008; Donnelly, 2000; Cunningham, 1998; Ireland, 1999; Laidlaw, 2000). Surveys, questionnaires and focus groups were the most common tools used in studies with little or no involvement of young people in design, data collection or analysis.

### **Some limitations of retrieved studies**

The following section explores the limitations of study size, population studied, methods used, where the study was carried out and the lens used in analysing and reporting results.

#### **Size**

Some studies were carried out with small numbers of young people, between 9 and 87 specifically, (Crisma et al., 2004; Chan et al., 2011; Shaffer et al., 2008; Donnelly, 2000; Cunningham, 1998; Ireland, 1999; Laidlaw, 2000; Godsman, 2003), which makes it difficult to generalise about results and larger studies would be needed for greater clarity. Having said that, the qualitative nature of studies did provide important depth and insight into the views and feelings of young people.

#### **Population**

Some studies were specific to particular populations, with all of the grey literature focused on CSA survivors but academic papers focussed on others such as young mothers (Shaffer et al., 2008), young people in school (Miles, 2000; Chan et al., 2011; Nwokolo et al., 2002; Murray et al., 2006; Reeves, et al., 2006) and from a youth unit (Donneley, 2000). In the studies with young abuse survivors there were issues about sampling. Crisma et al. (2004) found survivors through an advertisement in a popular magazine called *Top Girl*. The name suggests this magazine is aimed at girls and only girls reading this magazine would be aware of the study. Additionally, only the most confident of young people might feel able to phone a stranger to talk about abuse.

The data in the study by Ungar et al. (2009) came from an evaluation of a school-based prevention programme. The evaluation forms containing disclosures were analysed, but were brief and without depth. The full story and context was missing. The study with young mothers in school (Shaffer et al., 2008), in addition to being small, seemed focused on the adult agenda of ensuring young mothers did not get pregnant or catch infections. The young mothers were passive participants with



researchers interested in how successful the service was, rather than hearing a range of views from young people.

Where only young people in school were included in studies (Miles, 2000; Chan et al., 2011), this meant those who were excluded, unable to attend, or school refusers were not included. Some of these young people are vulnerable and might be in need of services. Additionally, young people in school may give the “right” answers rather than what they really think, and their answers could be influenced by presence of peers and staff.

### **Methods used in literature review studies**

Of those studies that used surveys, only four piloted the survey before use (Miles, 2000; Nwokolo et al., 2002; Reeves et al., 2006; Kay et al., 2006) additionally, in the survey by Miles (2000) there was some doubt as to whether the questions were fully understood by the children. It was also not clear if any of the surveys in the grey literature had been piloted.

Focus groups are considered a good way of studying attitudes and experience (Kitzinger, 1995; Stewart & Shamdasani, 2014), however a focus group with just 3 people (Shaffer et al, 2008) might be too small to get an in-depth discussion. Two focus groups were not representative of the general population as they attended the same youth group (Donnelly, 2000) and young people who were in a focus group in a study (Ungar et al., 2009) were different from those who completed the survey. One survey (Hennebrey et al., 2002) had a focus group to lead the project and develop a survey, but did not involve this group in analysing the findings.

Surveys might have been better if trialled and focus groups could have led to greater insight if larger and more representative in some studies. Greater involvement of young people in design and data collection would, in my opinion, have enhanced the data.

### **Location of studies**

Studies in school limit the study to those in school on that day but also, when carried out in exam like (Miles, 2000) conditions or during a particular lesson (Ingram & Salmon, 2010) or administered by a professional such as a nurse (Reeves et al., 2006; Kay et al., 2006), it is possible young people might give answers they believe are expected of them rather than their opinion. It is also possible they might give deliberately misleading answers as a means of not taking things seriously or rebelling.

## **Young people's voice**

All studies had adult researchers gathering, analysing and interpreting data. While it is rare to have any account of the child's voice, particularly children who have experienced sexual abuse, there are several problems with one study (Jackson et al., 2013) that make it difficult to accept as representing voices of sexually abused children. The adults on the helpline decided what to record. Although the child's words were sometimes recorded, the importance of what is worthy of recording was decided through an adult lens. Adults steered conversations, made notes, coded and summarised and adult researchers analysed and interpreted data. There is little left of the voices of children. If the children were engaging with researchers, it is possible they might have said different things.

To summarise briefly, while attempts were made to involve young people through focus groups and design of some surveys, it would appear to be tokenistic. There was little participation of young people in studies, which, in my opinion, might have enhanced the studies. I believe that if young people had been more involved the perspective of young people would have been better represented and possibly provided more depth to the studies.

## **Themes from literature review**

The key themes that emerged from the literature review were: confidentiality, participation, information, shame and blame, control and fears, accessibility and someone friendly and confidential to talk to. The themes are summarised in table 2.2 and will be considered individually in the following sections of this chapter. This literature review was specifically seeking young people's views on confidential services, therefore, confidentiality was a key issue in identifying studies.

## **Confidentiality**

Confidentiality was a strong and common theme running across most of the studies. However, in two papers there was no mention of confidentiality (Miles, 2000; Chan et al., 2011) and this was possibly due to the nature of these studies being surveys with limited scope for young people expressing views other than in answer to the questions. Though even in one of these studies (Chan et al., 2011) young people did mention not wanting people to know they had been abused. Participants in some studies ( $n = 17$ ) had confidentiality as they were already using a confidential service to talk, disclose abuse and discuss their views and feelings. Fifteen of these studies were grey literature. According to young participants in the studies, confidentiality guaranteed by the method of the study or service being provided, gave them the confidence to talk openly without fear. Participants

in the study by Ungar et al. (2009) were able to disclose abuse anonymously without receiving feedback or human contact, yet there was a sense of relief expressed at being able to do so:

“maybe you just want to like get it out somewhere and you don’t know where else to talk about it.” (Ungar, et al., 2009, p. 705).

Young people expressing relief, talking about abuse and saying how necessary confidentiality was for them to talk highlighted how important confidentiality is to them, particularly around sensitive issues.

In two studies, young people rated confidentiality as one of the most important factors when seeking help for sexual health matters (Reeves et al., 2006; Kay et al., 2006), with one study rating it as the most important factor (56%,  $n = 166$ ), higher than friendliness of staff, opening hours or location (Murray et al., 2006). Fear of being seen using a service (Kay et al., 2006; Donnelly, 2000) and anonymity was so important that young people wanted a sexual health service located within a facility (Donnelly, 2000) providing a range of services, so no one could know which service they were accessing and their confidentiality could be assured. This was echoed in one study where young people were concerned about people listening at doors and telling others what they had overheard (Carlson & Peckham, 2003), or about who they had seen going into the clinic and gossiping about it (Ingram & Salmon, 2010). Some were concerned the clinic room could be seen from the staff room and teachers would see them go in (Ingram & Salmon, 2003). Donnelly (2000) found that young people from rural areas had particularly strong concerns regarding confidentiality, and this linked to fears that as those providing services would know their parents and family. This particularly related to issues of gossip for example:

“Even the ladies on reception, you’d be afraid that they would know what you are going in for” (Donnelly, 2000, p. 291).

Due to problems with transport, young people could not travel to other areas but thought staff brought in from outside areas might help keep things confidential. They highlighted a problem getting prescriptions from a local chemist where, again, it would be local people dispensing and they would guess why a prescription was dispensed. While some chose services because they was confidential, some were worried about just how confidential it would be in practice (Hayter, 2005) because the clinic was located within local communities and people could see who attended.

Because of the clinic being in one large room, albeit with screens, young people sometimes knew others and could tell what was going on behind screens (Hayter, 2005).

Interestingly, one study (Murray et al., 2006) asked young people directly about their views on confidentiality of sexual health services and found that if confidentiality is compromised, or not provided, then young people would either not use a service or be untruthful with staff. Additionally, 80% ( $n = 236$ ) of the participants in Murray et al. (2006) study said that they thought a GP should not tell child protection if a young person attending a clinic was at risk, while 63% ( $n = 186$ ) would not attend the clinic if they knew the doctor would inform child protection. In some studies (Carlson & Peckham, 2003; Kay et al., 2006) there was some confusion about how confidential services actually were, and they were unsure about how much they could say in confidence (Kay et al., 2006). This uncertainty meant young people did not know whether their parents might be told if they attended the service, which in turn meant they were reluctant to attend and those who did were unsure how much they could share without it being passed on:

“It would have to be confidential what you were saying.”

“Someone that you trust not to blab to everyone about you.”

(Young survivors, Matthew, 1994).

In every survey carried out by 18u, (Matthew, 1994; 1997; 2000; 2009; Laidlaw, 2000; Godsman, 2003; Brown, 2005; Laurie, 2008) young people demanded confidential services, with some maintaining the only reason they could talk about abuse was, “because I trust you not to tell anyone.” Young survivor, (Matthew, 1997). Describing 18u services one young survivor stated:

“I think it’s great no one goes behind your back and does things without your consent, it helps build the trust.”

(Laidlaw, 2000).

In other literature, the act of providing confidential services was deemed to be the reason young people accessed services, Childline Scotland, (2005), Samaritans (2007) and Child Helpline International (2013). The need for a confidential space to give young people time and space to talk things through is further acknowledged by Children 1<sup>st</sup> in their business case (Children First, 2015).

What the literature pertinent to confidentiality highlighted was that it seems that young people regarded confidentiality as essential to trust, being able to talk and using services. However, they

were not always confident about how confidential services actually were. Those young people using confidential helplines to talk about abuse seemed to be more confident about levels of confidentiality they received.

### **Participation and anonymity**

There were different degrees of choice of participation for young people in all studies ranging from an opportunity to opt in and their contribution to be totally anonymous, through to direct approaches to targeted groups and individuals who were then interviewed by a researcher. In one study, young people could choose involvement in research by phoning for interview (Crisma et al., 2004) or returning a questionnaire (Ingram & Salmon, 2010). In some studies ( $n = 4$ ), young people completed anonymous surveys and posted them in a box provided in a private space (Matthew, 1994; Godsman, 2003; Brown, 2005; Matthew, 2009). Some focus groups were formed with young people who chose to participate in research ( $n = 2$ ) and having seen publicity about the study (Nwokolo et al., 2002; Carlson & Peckham, 2003). For other studies ( $n = 6$ ), young people were approached directly, invited and then agreed their involvement (Cunningham, 1998; Ireland, 1999; Laidlaw, 2000; Donnelly, 2000; Godsman, 2003; Ingram & Salmon, 2010),

Participation in research targeted at specific groups of young people raises interesting and ethical questions because although technically young people could refuse participation, as they were in school (Shaffer et al., 2008; Chan et al., 2011), it is possibly less likely they would refuse due to being in a position of powerlessness within the school environment. My concern about approaches to children as research participants within this environment is that children are used to complying with adult requests and perhaps unlikely to refuse. Power dynamics between adults and children are important with children and young people (Robinson & Kellett, 2004; Pinkney, 2018).

Surveys too had different degrees of choice of participation though. For those carried out in school under exam condition (Miles, 2000) it may have induced feelings of stress for the young people which might have impacted on data and results; or during lessons (Nwokolo et al., 2002; Carlson & Peckham, 2003; Murray et al., 2006; Reeves et al., 2006), young people were possibly less likely to refuse, despite being told in some studies they could opt out (Carlson & Peckham, 2003). In one study, young people were given the survey in an envelope so had the choice over whether they wanted to participate (Kay et al., 2006). The young people could take the envelope containing the survey away with them to complete and return by pre-paid post if they wanted to, or not. Those whose data was provided to researchers (Jackson et al., 2013; Ungar et al., 2009) had no say as they were rendered to anonymised documentary data analysis.

Researchers offered different confidentiality to young people taking part in research. Two studies required parents and school consent (Reeves et al., 2006; Shaffer et al., 2008) before talking with a young person, though in one (Reeves et al., 2000) young people were reassured that answers would be confidential. However, parents in giving consent, or refusing it, held the power over whether a young person participated. Parents who consented were then also aware of the involvement of the young people in the research and could possibly influence the young people's responses. In three studies (Donnelly, 2000; Shaffer et al., 2008; Chan et al., 2011) there was no mention of confidentiality. One study (Hayter, 2005) made no mention of confidentiality being offered or provided, though it did mention transcripts being anonymised for analysis, implying the study gave confidentiality.

In summary, interesting themes emerged in the literature around the degree of choice to partake in research which young people were offered. With regard to my research this prompted me to consider ethical and practical issues pertinent to ensuring young people really did have choice with regard to opting into the research process and their degree of confidentiality in doing so. Likewise, issues around time, place of participation and data gathering methods might influence the degree to which a young person may feel able to refuse to participate as well as what they may, or may not, disclose.

### **Attitudes and belief**

Attitudes toward young people and belief in what they were saying were themes that emerged in most of the studies. Most studies ( $n = 24$ ) reported on the importance of staff and professionals attitudes when accessing or wanting to access a service. All studies except Miles, (2000); Ungar et al., (2009); Chan et al., (2011) and Jackson et al., (2013) highlighted the importance of staff being friendly and non-judgmental. One young person stated:

“I was made to feel relaxed and didn't feel as though I was being told off”

“she made me feel better about myself.”

(Kay et al., 2006, p. 242)

In two studies (Hayter, 2005; Reeves, et al., 2006) attitude of staff was rated as the most important factor when seeking help. Young people indicated there was also a need to take time to build trust and get to know staff before being confident about using services (Carlson & Peckham, 2003). In one study (Crisma et al., 2004) two-thirds of adolescents said they needed someone to talk to who

could listen, be friendly and supportive and not judge. This was echoed in other studies in which young people thought there was a need for someone to talk to (Miles, 2000; Ungar et al., 2009; Shaffer et al., 2008; Bar-Cohen, 1990; Donnelly, 2000; Hayter, 2005; Matthew, 1994; 1997; 2000; Godsman, 2003; Cunningham, 1998; Armstrong, 2010) with Miles (2000) also raising the importance of talking to reduce isolation.

The need to be believed (Jackson et al., 2013; Ungar et al., 2009; Matthew, 1994) was also seen as important for abused young people. As one young person stated:

“Abuse happens so much and people deny that it is happening and don’t really listen to the victim. I was abused and I know how it feels when people don’t listen.”

Ungar et al., (2009, p. 705)

This quotation is powerful and highlights the need for research to find out the needs of young abuse survivors. In these three studies, young people indicated they had tried to disclose abuse but had not been believed. In one study (Jackson et al., 2013) approximately one-third were not believed when they disclosed, similarly in other studies (Crisma et al., 2004; Ungar et al., 2009) young people talked about not being believed when they tried to tell.

Overall, young people reported needing friendly, non-judgmental staff who can listen to and believe them. Young abuse survivors reported they need to be believed when they tell, they need not to be judged and it is important for adults to listen to them.

## **Information**

“If no one ever tells us anything how do we know.”

(Young survivor, Matthew, 1997).

This quote is not only obvious but very important. What emerged from the literature was a lack of basic information and knowledge about abuse issues, sexual health and available services. It is simply impossible to know something you do not know:

“Sometimes things just happen, then you don’t know what to do ‘cause no one talks about these things at all.”

“...then we find out things all the wrong way and sometimes kids get hurt because of the ignorance.”

(Young survivors, Matthew, 1997).

Lack of information about abuse was thought by young survivors to make it more likely they would be abused according to young people in a study (Matthew, 1997). One study (Ungar et al., 2009) talked about young people having no knowledge of what to do about abuse for themselves or to help others. In the absence of awareness and through perceptions of negative consequences, they stayed quiet. Some studies mentioned receiving information from friends (Bar-Cohen, 1990), lack of awareness of services (Donnelly 2000) or what they provide (Crisma et al., 2004; Donnelly, 2000), and having wrong information. Young people turned to friends and family for information and help and also remained silent through fear of consequences and not being believed (Crisma et al., 2004). Some did not know if what they had experienced was abuse (Crisma et al., 2004; Jackson et al., 2013; Ungar et al., 2009), and needed reassurance that it was. The way young people wanted information was through visitors talks in school and posters (Reeves et al., 2006).

Getting sexual health information was regarded as important but was not wanted from teachers (Reeves et al., 2006), with nearly half of those who expressed an opinion ( $n = 156$ ) stating they could not ask questions they wanted to during sex education lessons. Young people in Reeves et al. (2006) indicated they would rather receive information from experts such as nurses. Young people believed they should have more information at a younger age to be able to make informed choices and protect themselves (Reeves et al., 2006; Donnelly, 2000):

“I feel as if I didn’t receive very good information from primary or secondary school...I now take contraception more seriously after finding out I was pregnant and having an abortion.”

(Reeves et al., 2000, p. 376)

Young people who were sexually active (Reeves et al., 2000) wanted all topics including sexual relationships, contraception, abortion and sexual abuse taught at a younger age. Some had wrong information, such as half the young people being unaware that sex with an under 16 of any gender was illegal and over half unaware that a girl under 16 can go on the pill without parental consent. One study praised information available from a clinic and found participants able to make better decisions (Hayter, 2005).



An emergent theme was young people reported not having enough correct information about abuse or sexual health and they wanted more information from experts. Some had turned to friends to find out information. Lack of information and knowledge for young abuse survivors appeared to result in them being silenced and fearful of consequences of disclosing abuse.

### **Shame and or blame**

This theme of shame or blame was interestingly entirely missing from the grey literature perhaps because young people were not asked about it, perhaps it was not the focus of the studies or another unknown reason. I find this interesting because it seems to have been overlooked completely in the grey literature leaving me to wonder if there was a reason for the omission of an issue that seems very relevant to CSA survivors. However, in the peer reviewed literature shame, and or blame, as a theme was an important issue to explore.

In three studies of the academic literature (Crisma et al., 2004; Jackson et al., 2013; Donnelly, 2000) young people spoke about embarrassment, shame and self-blame. Abused children (Crisma et al., 2004; Jackson et al., 2013) felt guilty and believed they had done something to cause the abuse:

“Since it happened, I have always thought it was my fault. Then I wondered if my behaviour had made him think...maybe”

(Crisma et al., 2004, Marina, age 16, p. 1040).

They felt ashamed and embarrassed by what had happened to them and this became a barrier to disclosing their abuse. Even when the survivor accepted they were not to blame (Crisma et al., 2004), it was still considered shameful and some young survivors believed that professionals might blame them. Crisma et al., (2004) found that for some of the few who did report abuse to authorities, the abuse was minimised and they were indeed blamed.

Being able to anonymously talk to someone (Crisma et al., 2004) reduced shame and young people were able to talk about feelings that they had been unable to express to anyone before (Jackson et al., 2013). Matthew (1997) reported that young people found it a relief to be able to talk about the abuse in confidence and trusted that information about them would not be passed to anyone. Using a phone line to talk about abuse to a stranger added to young people's sense of confidentiality (Crisma et al., 2004; Jackson et al., 2013).

Similar feeling of self-blame and embarrassment were described from those young people using sexual health services (Donnelly, 2000) and this impacted on how well they accessed and used these services. The younger people in this study by Donnelly (2000) chose not to use services while males perceived them as women's services and not for them. People across all age groups generally find talking about sexual health embarrassing (Bauer, Haesler & Fetherstonhaugh, 2016). However, for younger people there can be additional burdens such as fear of judgement due to their age particularly in light of the construction of childhood and presumed innocence discussed in chapter one. According to Blake and Aggleton (2017) there are still many opponents of sexual health education who believe that such education corrupts young people and leads them to early sexual experiences and promiscuity. This is all before we get into the realms of sexually abused young people and the many barriers to disclosure that they encounter. Assumptions can also be made by professionals about consenting sexual relationships which may lead to young people hiding or not realising that their sexual relationship was an abusive relationship (Hallett, 2017).

Young people in the reviewed literature reported feelings of shame or embarrassment as a barrier to accessing services or telling about abuse. Feelings of self-blame were also evident and this was further augmented in some cases when professionals blamed the young person. Being judged, or even the fear of being judged, because of their age added to these feelings. However, being able to talk in confidence was reported by young people as reducing shame and embarrassment. Being able to talk about abuse was reported as being able to feel a sense of relief.

### **Control and fears**

Staying in control (Ungar et al, 2009; Carlson & Peckham, 2003; Nwokolo et al., 2002; Hayter, 2005) and going at their own pace to disclose (Ungar et al., 2009) or talk to someone was an important theme and was linked to trust and confidentiality in service provision. Some young people described disclosure going in stages, and the importance of keeping control of their information and the need for anonymity. One of the reasons given (Ungar et al, 2009) and likely (Crisma et al., 2004; Jackson et al., 2013) for young people taking the opportunity to disclose abuse anonymously, when provided with the opportunity in research, was that they could stay in control of the process and have no fears of consequences. Similarly when using sexual health services, young people wanted to be in control (Carlson & Peckham, 2003), with over half ( $n = 163$ ) of 11-14 year olds and one third ( $n = 142$ ) of 15-18 year olds (Nwokolo et al., 2002) saying that it was important they stayed in control. The difference between a half in Carlson and Peckham (2003) and one third in Nwokolo et al., (2002) could be attributed to the age ranges of young people that the studies considered. Those in the age range 11-14 have less experience of life and are generally less

knowledgeable whereas young people aged 15-18 are more likely to be aware of their independence and so feel more able to question processes and choose what and when to disclose information thus resulting in feeling more in control. Being treated like an adult (Hayter, 2005) helped young people using a clinic feel more confident in control and better able to make informed decisions:

“Fear of the consequences. Fear because police are involved, you don’t have any control over who you tell or what you want to happen...child protection tell the abuser that you’ve told.”

(Young survivor, Matthew, 2009).

“I feel embarrassed, dirty. I’ve not told anyone. I’ve had enough. I’ve only recently found out what was happening is wrong. I’m very confused. I’ve been told not to tell anyone. He said he would hurt my mum. I’m scared of him.

(female, 15, Jackson et al., 2013).

Some young people feared the consequences of people finding out anything (Jackson et al., 2013; Ungar et al, 2009, Chan et al., 2011; Carlson & Peckham, 2003). They talked about threats made by the abuser including threatening to hurt people the survivor cared about and fears that the abuse would escalate (Crisma et al., 2004; Jackson et al., 2013) due to retaliation.

Five studies (Crisma et al., 2004; Jackson et al., 2013; Ungar et al, 2009; Miles, 2000; Chan et al., 2011) had the theme of concerns for family members. A quarter ( $n = 8$ ) of young people in one study (Crisma et al., 2004) wanted to protect family from negative consequences, particularly when parents were facing adversity, such as divorce. They feared adding to any existing problems parents had by increasing their burden. As one young survivor stated,

“My parents are divorcing and I don’t want to be another burden to them.” (Elisa, age 15, Crisma et al., 2004, p. 1042).

Some did not want parents to know about abuse (Jackson et al., 2013) because it might break up the family, or upset whoever they told or cause some other problems. Some were concerned about what might happen to the abuser (Jackson et al., 2013). Loyalty to family, fears of betrayal and fear of consequences of sharing the secret all contributed to young people remaining silent (Ungar et al., 2009; Chan et al., 2011). Protecting family from knowledge of abuse and outsiders from knowing even when family members were abusive was regarded as a good reason not to disclose abuse to

services (Chan et al., 2011; Donnelly, 2000). Other studies highlighted concerns if family found out they were using services with fears of over-reaction and over-protection (Carlson & Peckham, 2003; Ingram & Salmon, 2010). There were also cultural issues for young Muslims who could not risk families or their community seeing them going into a sexual health service (Ingram & Salmon, 2010).

Many feared and distrusted social services and saw authorities and child protection investigations as intrusive and creating conditions that hinder disclosures (Ungar et al, 2009; Chan et al., 2011; Carlson & Peckham, 2003). In one study (Ungar et al., 2009) there was a high awareness, whether justified or not, that interventions from child protection agencies would be ineffective or over reactive, resulting in families being broken and the loss of parents. As one young person reported:

“I’ve been in an abuse situation before but now am a ward of court and will be 18 soon. I think sometimes when an abuse situation is turned over to welfare it can ruin the child’s life in some ways, because the social workers keep bringing up the situation like they did with me, taking me out of school to talk about it and sending me to a psychiatrist when it was embarrassing me and making me feel singled out”  
(17 year old girl, Ungar et al, 2009, p. 705).

The quotation from the 17 year old really highlights the need for research with young survivors so that we can become better aware and attuned to their specific needs so as to avoid situations which cause further harm to young people.

There was fear of authorities overreaction (Carlson & Peckham, 2003) or being referred to social work, and fear of authorities involvement (Chan et al., 2011) leading to parents being arrested and everyone knowing:

“I think that the kids with the abuse problem are afraid to tell because they never want to leave their parents. My sister talked to someone and now I’m not living with my mom anymore. But I think she learned her lesson now but it’s too late. I can’t go back.”  
13 year old boy (Ungar et al., 2009).

Despite young people’s fears of overreaction by authorities, one study found quite the opposite with professionals ignoring or minimising the abuse and blaming the victims (Crisma et al., 2004).

Young people did not see authorities as protecting them and some who had been abused by peers feared their freedom might be restricted (Crisma et al., 2004).

The grey literature from 18u had a theme of young people reporting on feeling in control of their use of services, involvement and input into service development. Eighteen and Under was set up and developed with involvement of young survivors. This means any young person involved with the agency decides when they use the service, how they use it and how involved they want to be. They can be involved on Shadow Management, which is a group of young people that meet to discuss policy, staffing, funding, and matters pertinent to young people; they can be volunteers; can become involved in activities or reviews or can attend when they want support. The 18u grey literature reflected young people's views of having a place they considered safe and where they are in control:

“I drop in whenever I want”; “ it’s a safe place”; “I want to be part of management.”;  
 “Keeping the young people involved (even more)”; “you are able to put your opinions  
 across and know they will be listened to.”  
 (Young survivors, Laidlaw, 2000).

The studies indicate staying in control was important to the point that young people would not disclose abuse due to family loyalty and fear of consequences including child protection authorities getting involved. Though young people feared overreaction, and in some cases that was what occurred, in other cases the reactions to disclosure were minimal and inappropriate. The many fears of the young people whether justified or not were real and often enough for young people to prefer anonymity of services so that they could remain in control of the process.

### **Accessibility of services**

Accessibility can be defined in many ways and includes physical location as well as availability. Increasingly for young people growing up in a digital world accessibility also means online resources and opportunities for engagement and discussion. Five studies mentioned the importance of accessibility of services (Carlson & Peckham; Nwokolo et al., 2002; Reeves et al., 2006; Donnelly, 2000; Hayter, 2005). Serious concerns were raised about location and layout of services particularly in relation to confidentiality and people seeing them accessing a service (Carlson & Peckham, 2003). As previously mentioned, young people could be embarrassed by being seen accessing a service therefore would prefer services to be in accessible locations.

Frustration was expressed in some studies about opening times (Donnelly, 2000; Hayter, 2005; Reeves et al., 2006; Ungar et al., 2009), with some (Carlson & Peckham, 2003) open once a week for one hour, meaning young people had to wait up to a week to access services. Many wanted clinics to be open at weekends and after school (Nwokolo et al., 2002; Hayter, 2005) and many wanted a clinic to be close to public transport (Nwokolo et al., 2002) and offer drop in facilities (Reeves et al., 2006; Hayter, 2005). Young people pointed out they could not access services that were too far away without parents' knowledge or that were only open during school hours (Reeves et al., 2006). Services needed to be designed to meet the needs of young people rather than health professionals. One study found young people specifically chose a service due to its location near home and school, coupled with having a drop-in facility and high profile (Hayter, 2005). Young people regarded the drop-in aspect vital and preferred waiting on the day, to making an appointment and having to wait days to be seen.

Poor advertising of services (Donnelly, 2000) meant young people were often unaware of their existence or what could be accessed, and it was agreed that future services should be made more accessible (Crisma et al., 2004):

“Well I had to ask to find out where there were any locally, like I hadn't a clue.”  
(Female, Donnelly, 2000, p. 291).

Some young people thought that a youth club setting would work for some services such as advice and information, though a dedicated service offering a wider range of services including treatments, would need to be more central so it was more accessible.

Studies indicated that services need to be in a location that young people can easily access in confidence without their parents finding out and other people seeing them. Services also need to be near home or school and open at times to suit the young people such as after school or at weekends. Young people also need to know services exist in the first place so they need to be properly advertised in places that young people frequent.

### **Someone to talk to**

The importance of having someone trustworthy to talk to was also linked to trust and confidentiality, with a preference for talking to friends:

“My pal got raped at a party but she didn't tell anyone except me.”  
“I try to be there for my pal when she's really down.”

Young survivor, (Matthew, 1997).

This was echoed in Ferns and Stace, (2007) and Armstrong et al., (2010) within which service users highlighted the importance of having someone to talk to in confidence. Some young people (Crisma et al., 2004) felt lonely and isolated and wanted someone to talk to (Bar-Cohen, 1990; Miles, 2000; Donnelly, 2000; Hayter, 2005; Reeves et al., 2006; Shaffer et al., 2008) without specifying characteristics of the person. They expressed a need to be heard, speak out, share feelings and share the burden of the secret with someone, even if the person says nothing back to them (Crisma et al., 2004):

“....I wanted to try...to talk....maybe I’ve understood that other people have experienced this...and I’ve decided to talk.”

(Fabrizio, 17, Crisma et al., 2004, p. 1040).

Having someone, other than a professional to talk to was regarded as important in some studies (Reeves et al., 2006). Having someone to listen (Donnelly, 2000) without judgment, understand what is being said, and to talk to young people in ways that young people can understand, was considered important.

Several studies (Bar-Cohen, 1990; Miles, 2000; Reeves et al., 2006; ; Ungar et al, 2009; Jackson et al., 2013) indicated young people would turn to friends or family for help, support and information rather than going to authorities or dedicated services. While many spoke about telling mothers and not being believed, the next most likely person to talk to, and get support from (Crisma et al., 2004) was their friend. Indeed, friends emerged from this study as one of the main sources of support for young survivors. Half of the young people in the survivor study (Crisma et al., 2004) talked to a total of 35 relatives and most got help, with some helping abuse to be stopped. In some cases, (Bar-Cohen, 1990) talking to friends helped them access services and in one study (Ungar et al, 2009) young people reported they liked to help other young people with less power. Several examples of friends helping friends came from this. Even general populations of young people raised the importance of peer support (Miles, 2000) for abused children, and some studies highlighted that young people (Reeves et al., 2006) favoured going to friends for advice and information rather than professionals. Both Childline (2006) and Child Helpline International (2013) publications discussed the need for young people to be able to talk to trusted adults in confidence.

The studies indicated that young people needed someone to talk to in confidence so that they can remain in control. They wanted a person who could listen to them and understand them without judgement. Friends and family were preferred to professionals and peer support was highlighted as important for getting support and information.

**Themes**

Eight themes (see table 2.2) emerged from the literature review with confidentiality as the main theme explored and other themes linked to this including participation and anonymity; attitudes and belief; information; shame and blame; staying in control; access to services; having someone to talk to. Young people did not appear to regard protective authorities as protecting them.



Table 2.2: Themes from literature review

reference	year	someone to talk to	information	shame blame	control fear	confidential	Participation	access	attitude belief
Bar-Cohen	1990	x	x						x
Matthew	1994	x	x			x	x	x	x
Matthew	1997	x	x			x	x	x	x
Cunningham	1998	x				x	x	x	x
Ireland	1999					x	x	x	
Donnelly	2000		x	x		x		x	x
Laidlaw	2000	x				x	x		x
Matthew	2000	x	x			x	x		
Nwokolo et al	2002				x		x	x	x
Carlson & Peckham	2003				x				x
Godsman	2003	x			x	x	x		x
Godsman	2003	x			x	x	x		x
Brown	2005		x		x	x	x	x	x
Carson	2005					x	x	x	x
Childline	2005	x				x			
Hayter	2005		x		x	x	x	x	x
Shaffer et al	2008	x	x						x
Reeves, et al	2006	x	x			x		x	x
Kay et al	2006					x			x
Fern & Stace	2007	x				x			
Laurie	2008	x				x	x		x
Matthew	2009	x				x	x		x
Armstrong	2010	x				x			
Hill & Wales	2011	x				x			x
Child helpline	2013	x				x			
Children 1st	2015					x			

### Young people's participation in research and related literature

In the following section I will link back to the literature findings pertinent to young CSA survivors in the sections above and develop the findings to consider the importance of how young people's voices are heard in research.

It was difficult to find literature researching the views of young CSA survivors in relation to confidential services. Even widening the search to include young people and sexual health services, failed to yield much success. Themes and methods that emerged from the literature search revealed further research opportunities around participation, confidentiality and the lens used to gather and interpret data. While there was a plethora of literature available, which attempted to quantify, describe and unpick issues around survivors of CSA, the child's voice was largely absent.

I found it interesting that the child's voice was absent in literature pertaining to CSA particularly as in other fields, there are good examples of the willingness to listen to the child's voice, and no shortage of different methods to use. For example, Church et al. (2005) interviewed terminally ill children aged 10-20 to find out if they understood their end of life decisions. Church (2005) found

that not only could they understand the decisions but that the decisions they made were mature and competent. Alderson, Sutcliffe and Curtis, (2006) looked at children's ability to make competent informed decisions in relation to life threatening illnesses and did this by using drawings and interviews. Activity books were used with sexually abused children to get views on a specific service (Coren & Hutchfield, 2011). Other researchers have also turned to the creative arts to support and enable young people to express their views. Hodges, Fenge and Cutts (2014) worked with young disabled people giving them a voice through performance poetry through which they could write about, perform and share their lived experiences. Involving children in spontaneous art and photography and encouraging them to express themselves through their art or photographs can add depth to verbal interactions when young children are sharing views and experiences (Richards, 2014).

It is important to think about hearing the voices of children and young people and not be deterred from doing so for fear of upsetting them. As was highlighted within the themes from the literature review young people do have views and opinions about their lives and very complex subjects. However, what also emerged from the literature review was young people also need to be listened to and believed. In order to support young people in sharing their views it is vitally important to think about how this is done. As was highlighted in the section on participation, the literature relating to CSA focussed primarily on interview, focus group and questionnaire data ( $n = 26$ ) whereas the use of activity books (Coren & Hutchfield, 2011) and performance poetry (Hodges, Fenge & Cutts, 2014) suggests that young people may find such approaches easier to engage with and more interesting.

Confidentiality was important to young people in the literature review, as was trust, being believed and having control over their lives. The methods used in all studies were not inclusive of young people as social actors in their own right, but were predictable with use of surveys, interviews and focus groups to gather data, which was then analysed and interpreted by adults. While there is no one best method for gathering the views of young people, using a variety of methods in research is thought to be more inclusive allowing young people to respond in their own individual way rather than in just one specific or prescribed way (Hill, 2006; Harvey, 2018).

The UNCRC (1989) recognises children as autonomous beings and lays out their rights including their right to have a voice in matters that affect them and have their opinions heard (Lundy et al., 2011). Children are progressively being recognised as experts in their own lives (Bergström, Jonsson & Shanahan, 2010; Kellet & Ding, 2004), and increasingly actively participating in

research as participants, rather than objects (Hunleth, 2011). Against this backdrop of research and convention it is easy to see how important it is to involve young people in research but I would suggest this needs to go further than simply trying to hear their voice and include involving them in the research development and design. Coad and Evans (2008) suggest that they should be involved in all stages of research from agreeing research questions and planning methodology, to data collection, analysis, interpreting, and dissemination of findings

According to Thompson (2009) children and young people have the capacity to speak up and the right to do so. However, it is not easy for the voices of young people to be heard, due to widely different views regarding competence, protection and consent, held by gatekeepers. A literature review on informed consent in social research (Wiles, Heath, Crow, Charles, no date) found that legalities and practice in research with children was linked to ideas of competence and, in the U.K., children are not necessarily deemed legally competent, unless able to understand what decisions they are making (Gillick competent), including what participation in research will involve. If a child is deemed Gillick competent then they can provide their own consent to take part in research and do not need parental permission.

The Gillick case, was ruled in courts for medical matters, and not research, and to date, there has been no legal judgment for research. However, even with Gillick in mind, there is still the tricky matter of who makes the judgment of competence. For the researcher wishing to include children in research, there is clear conflict of interest (Cashmore, 1997) if they are deciding competence. Some researchers (Alderson, 1995) take the view of assuming children of school age are competent, and it is then up to parents who disagree, to prove otherwise. This is echoed by Lundy, McEvoy and Byrne, (2011) who argue that children should not have to prove capacity and maturity, to be actively involved in research but rather, there should be the assumption they already have capacity. According to O'Neill (2018) it is only when the child is regarded as having agency that research can possibly become child-centric.

Some academics have argued there is a need to move away from psychologically-based theories of childhood that construct childhood as a period of development, towards seeing children as active social beings, engaged in interacting and shaping their social world (Proud & James, 1990, 1997; Breathnach, Danby & O'Gorman, 2018). Development psychology has tended to undervalue competency of children's voices, meaning they have not been taken seriously or even believed (Morrow, 2008). Yet, research has shown even quite young children can take an active part in control, beyond that which sees them as developing and lacking competence. For example,

Alderson et al (2006) studied children with diabetes and found them able to understand and control their sugar intake. This was despite perceived wisdom around sugar and sweets being currency for children. What Alderson found was children as young as three were able to realise the effects of sweets on their health and show restraint to help manage their illness effectively, showing great competence (Alderson et al., 2006).

According to Reamer (2010) no group should ever be assumed to be incompetent. James (1995) suggests a model of researchers seeing children as comparable to adults, but with different capabilities, and skilled in different methods of communication. Indeed, children and young people are generally more skilled than adults in modern communication methods using social media and the Internet extensively on a daily basis and never having known life without computers, mobiles and Internet access (Shifflet-Chila, Harrold, Fitton & Ahmedani, 2016). This means that young people could bring their own expertise to research and assist researchers in building knowledge.

Critical youth theory states that young people have their own agency, which they are prevented from using by society and state interventions with the adults involved citing developmental immaturity as the reason. This judgement is opposed by critical youth theory (Quijada Cerecer, Cahill & Bradley, 2013). Across countries and jurisdictions there are different laws, guidelines and ethics relating to who gives consent to children being involved in research, and even within the same authority, this can be inconsistent (Fisher. 1993; Halse & Honey, 2005). In the U.S. there is no Gillick competency and parental permission is required for anyone under 18 to take part in research, as young people are deemed not to be legally competent or decision makers (King & Churchill, 2000). Schools too can be gatekeepers (Homan, 2001) and refuse to allow children to take part in research by not participating. The same is true for children who are looked after, with local authorities and staff acting as gatekeepers. The right of young people to have a voice and have their opinions heard, is much affected by many external factors (Flynn, 2018), and for those most vulnerable young people in a care setting, being silenced can lead to abuse (Utting, 1997).

For the purpose of research, Lundy et al. (2011) argue that better quality outcomes are obtained by involving children more fully in research, as child researcher findings are rooted in perspectives of young people. Participatory research lends itself well to this. This is echoed by Bergström, Jonsson and Shanahan (2010) who regard children as experts in their own lives, and have found children to be knowledgeable and competent researchers. However, Kellett (2005) cautions that, as research involving children as researchers is certain to increase, which is a positive thing, there are issues that need to be addressed before academics are ready to receive, and value, such research. These

issues include protection, training, power, balance of insider/outsider perspectives, competence and ensuring research involving children is ethical. Kellett also considered the potential for young researchers to train other young people as useful, and noted that young people need to be allowed time to practice skills.

Bradbury-Jones and Taylor (2015) address many of the challenges to participatory research with children and offer solutions to those issues that Kellett (2005) cautions about. These solutions include assuming children are competent, treating children as equals, ensuring methods and trainings are age appropriate and having clear protocols. The importance of not regarding children as a homogenous group was also addressed, and this is echoed by Hunleth (2011), while Kellett (2011) found that children were surprised to find peers did not have the same opinion as them. Kellett also points out that using young people as researchers changes power dynamics but does not remove them. Schafer and Yarwood (2008) state that power relationships between peers are often overlooked, and Alderson (2001) cautions on the danger of young people over-identifying with peers, crossing boundaries and assuming they know more than they do. However, Jones (2004) suggests that establishing clear boundaries regarding roles helps prevent such problems.

My research study intends to ensure that the voices of young CSA survivors are heard so that more is known about their needs as defined by themselves. The literature review highlighted that little was known about young CSA survivors and also that the studies had only involved young people as participants in the studies. In order to address the lack of knowledge about young CSA survivors it is important to hear their own voices and listen to them. I do not believe that this should be tokenistic but believe that young survivors should be part of knowledge production. By involving young CSA survivors in research, as fully as they want to be involved, I intend to address the issue of participation and make sure that the expertise of young people is fully utilised to agree the research question and methods, gather data, analyse the data and disseminate findings. I also intend to pay attention to the challenges of participatory research with young people.

## **Discussion**

Other themes from the literature review were confidentiality, belief, lack of information, shame, blame, someone to talk to, fear of consequences and loss of control. These are all common themes identified in preventing young CSA survivors from disclosing abuse (Furniss, 1990; Goodman-Brown, 2003; Ungar, Barter, McConnell, Tutty & Fairholm, 2009; Malloy, Brubacher & Lamb, 2011). Themes such as someone to talk to, fear of consequences and loss of control were linked to

having confidentiality, and young people expressed the need to have someone to talk to in confidence, so they could stay in control of their lives. Fear of possible consequences prohibited young survivors from talking about abuse, as did fear of not being believed. Because they cannot talk about abuse due to their fear of the consequences, survivors could not get information they needed, or start to deal with feelings of shame and blame.

The literature review indicated that confidentiality is hugely important to young people, and this was borne out by young survivors who chose to use confidential helplines to share problems, and disclose in a safe confidential space. However, there was a lack of clarity about what was meant by confidential, and no definitions were provided by any of the studies. Some service users of sexual health services were uncertain about what circumstances would lead to confidentiality being broken, though they seemed clear that talking about abuse would cause a breach of confidence. The uncertainty about possible breaches of confidentiality meant that young people remained unclear about what they could safely talk about. Research into how confidentiality or breaches of confidentiality affects young survivors is essential to understanding these concepts further, and exploring definitions of confidentiality is important to ensuring full understanding for young people, agencies and academics.

One of the papers in the literature review was data from children calling Childline. Children calling Childline are empowered and given greater autonomy than they usually get from other services (Parton, 2006; Jackson et al., 2013). They can refer themselves and remain in control of what they share. Children trust that what they say will be treated with confidence, and that is the main reason many children call the helpline. However, many children have reached crisis point when they call the helpline. Van der Kolk (2003; 2017) discusses how traumatised children can lose capacity for self-regulation, may develop perception and memory problems, and may be obsessed with fear. Information obtained from data from children in crisis might be different from information obtained from children at other times. While the data from a helpline does provide useful information, more data is needed to help build the picture of what sexually abused children think and need.

The themes of loss of control and fear of consequences that young people highlighted in the literature review are important as they are strong barriers to young people disclosing abuse and getting help. It is well documented that young CSA survivors do not readily disclose abuse and there are many barriers to this (Alaggia, Collin-Vézina & Lateef, 2017). Yet, from the findings of the literature review, it seemed that the fears were not always realised due to young people not being listened to or believed and sometimes abuse being minimised. Many of the fears that the

young people had were more about not knowing what might happen if they disclosed. This uncertainty was also evident with sexual health services with the young people unclear about the limits of confidentiality of the services.

Young people consistently lacked information that might help them make use of services or identify acts of abuse. Studies indicated that young people were often unaware of what constituted abuse or where to access help. Studies identified that young people would like to receive information in school from professionals but their general lack of knowledge indicated that this was not available to them. While the studies indicated that young people would seek information from peers, without information themselves, their peers might be restricted in providing accurate information.

In the review the young people were clear that they needed friendly staff who would not judge them and who would listen to them and believe them. Having staff with the right attitude helped young people to build trust which is an essential part of a relationship. A good relationship is part of helping young people disclose abuse and seek help (Priebe & Svedin, 2008). While not every young survivor would chose to disclose abuse, having a relationship with a friendly non-judgemental staff member might make a difference for some. Research into the importance of trust for young survivors and the relationship between trust and confidentiality would help to clarify the issues for young survivors.

The review highlighted the importance of having someone to talk to but also the reluctance to talk to professionals, which might be due to the fear of consequences, and loss of control mentioned already. Young people in the review spoke about feelings of relief at being able to talk about abuse and they seemed to prefer peer support, relying on friends and family who they could trust. It is interesting that the young people in the review felt unable to trust in professionals who might have greater awareness, training and resources to be able to help, but they were not trusted. There seems to be a clear need to explore the views of young CSA survivors about child protection agencies and authorities so as to build knowledge. Young people are clearly indicating a need to talk and identifying that they can feel relieved once they do talk, however it also seems from the themes in the review that they are limited in who they trust enough to talk to. Further clarity of this would be interesting and perhaps useful for those wishing to help young survivors.

To build on current knowledge, about young CSA survivors' needs and confidentiality, further research is needed. Research that will explore, in depth, what confidentiality means to young survivors, and their experiences about it, will help increase knowledge in the field. Research too

from young people who are not in crisis and who are able to participate more fully in all aspects of research might provide further information which will add to existing knowledge and help inform practice.

### **Limitations of the literature review**

This literature review had several limitations, which I shall explore here. Firstly, I rejected studies involving young CSA survivors whose abuse was known to child protection authorities. This was because I considered this population as unrepresentative of the majority of young survivors of CSA, who never come to the attention of authorities. The majority of survivors do not disclose abuse until adulthood, so I considered those who revealed abuse in childhood might hold a different view to those survivors who chose not to disclose. However, without an in-depth analysis and comparison of literature involving those who disclosed and those who did not disclose, this is simply an assumption I have made.

Most of the studies in the literature review were from countries with a child protection system similar to the U.K. Searches for literature from other countries found only two studies one from Hong Kong (Chan et al., 2011) and one from Sri Lanka (Miles, 2000). This may have been to do with the language barrier and it is possible that there is literature that is not in English. It is also possible that cultural difference between countries means that CSA is framed differently leading to less research or different research that I was unable to find. I did find studies of street children who had been abused ( $n = 6$ ), but these did not have the views of the children and though the studies were interesting they could not be part of the literature review as they did not have the views of the young people. Perhaps a further, more in-depth exploration of the literature from some of these countries might reveal some studies I missed.

The methodology used to search for papers may also have led to limitations. Having started from very narrow criteria, which limited the number of papers found, I then had to consider how to widen the search. I decided to widen the search to include confidential sexual health services for reasons previously explained. After widening the search, most papers retrieved were focused on sexual health services and based on the assumption that young CSA survivors might, through necessity, be users of services. This is an assumption and, without research with CSA survivors, it is not possible to know if this is the case or not. The problem for young CSA survivors who use these services is, if they say they are being abused they lose confidentiality. They know this, therefore may choose to remain silent. This makes it challenging to find out if service users of sexual health services are CSA survivors.



It is possible too that there was selection bias due to my insider position when choosing quotes from the literature, though I did try to make sure that I was being careful about representing the views and words of the young people from each paper. There was also the possibility of researcher bias when deciding the themes from the literature, although I tried extremely hard to make sure that I read and reread papers and attempted to group information into topics and themes to establish emerging themes from the data. In order to try and guard against unconscious bias in the literature review I read about such bias and took time to slow down and reflect on everything that I was doing so that my conscious mind was engaged and fully focussed (Staats, 2016). Themes and data were revisited several times to ensure a thorough analysis and understanding was achieved. I also asked colleagues to look over the data and give me their opinions to try and reduce bias.

One of the challenges of being a lone researcher with the limited time remit of PhD study is decision about approaches to literature searching. To ensure as efficient as possible approach I chose to use the databases that I was most familiar with, but with more time I could perhaps have explored others. It is possible that exploring other databases might have produced further papers.

My position as a researcher had positive and negative bias, which affected all aspects of this review. As a researcher who is, “a multiplicity of contexts embodied in the singularity of a person” (Orne & Bell, 2015, p. 42), I bring my individual lens, honed by my experiences of life as a working class, white, abuse survivor, practitioner, researcher, and years of work and study in the field of abuse. While this particular lens might cause limitations and distortions within the review, it has, at the same time, provided focus and insights that other researchers might not have. For example, as I have personally identified the themes emerging from the papers and analysed them, it is likely that my own lens placed higher importance on some themes, or interpreted data in a different way from how another researcher might. It is also possible that my survivor lens saw more meaning or relevance in some data than someone who was not a survivor, might have.

### **Conclusions from the literature review**

The review of the literature highlighted that confidentiality is important to young people but parameters of confidentiality are not always clear. Studies indicated young people would not use sexual health services if not assured confidentiality, but they would continue to have sex (Boonstra & Jones, 2004; Fuentes et al., 2018). This need for confidentiality is not confined to sexual health services. Jenkins (2010) points out the importance of confidentiality and argues strongly for maintaining confidentiality when offering counselling. According to Hallett, Murray and Punch,

(2003), lack of confidentiality is one of the main reasons young people do not ask professionals for help. In medicine too, according to Dhali and Payne-James (2013), “breaching confidentiality always involves a harm: that of creating distrust in the doctor–patient relationship” (page 68).

There is, I believe, a need to build on existing knowledge about CSA by researching with young people to find out their views on confidentiality. I explore participatory research in greater detail in the next chapter, as a way forward. Involving young people in research is a compelling way to achieving more knowledge as young people are capable of making good decisions even in serious situations. Children and young people are progressively being recognised as experts in their own lives (Bergström, Jonsson & Shanahan, 2010) and increasingly involved in research as active participants (Hunleth, 2011). Research with young people with terminal cancer (Church, Drew, Fouladi Furman, Pamela. Hinds, Oakes & Spunt, 2005) found they understood the consequences of their end of life decisions, and were capable of being involved in complex decision-making processes. Also, altruism was an important factor in decisions to take part in drug trials with hope of helping others even though harming self. This goes against existing child development theories, which do not consider children capable of this.

Researchers have argued that insiders as researchers hold a privileged research position that provides an advantage if participants are aware of it (Perry, Thurston & Green, 2004; Sprague, 2018). Eighteen and Under is in contact with young CSA survivors and already offers a unique degree of confidentiality (see 18u statement of confidentiality in appendix two). Not everyone agrees with this level of confidentiality in a service or in research. Hill (2006) argues that children involved in research should be given confidentiality, and any information the child shares should not be disclosed without a discussion with the child, and agreement of the child. On the other hand, Lynch, Glaser, Prior and Inwood, (1999) makes it clear to the child that if there was a concern about their safety, they would discuss it first but, even if the child did not agree to sharing of information, it would be passed on.

Not everyone agrees that young people have capacity to make informed decisions however. For example, Cherry (2013) contends that research shows that due to the prefrontal cortex of the brain not being fully developed until people are in their 20's, adolescents lack capacity to make mature decisions. Cherry reasons that as the prefrontal cortex is the reasoning and rational part of the brain and it is not fully developed, childhood should be extended to age 21. There are some parents who might agree with this.

With all this in mind, human knowledge about young people, and in particular young CSA survivors and their views of confidentiality, can only be extended by further research. The literature review highlighted the importance for confidentiality for young people with other important issues linked to confidentiality; such as trust, being listened to and believed, attitudes of staff, having accurate information and having someone to talk to. My research will be informed by and take account of this. The reviewed papers also lacked participation of young people, except at a rudimentary level. This was something that I hoped to address through my research. Who better to participate, drive the agenda, plan, interpret and be researchers than the people with the lived experiences? Additionally, involving young people as researchers, presents an opportunity to be more creative in the methods used to gather, share and interpret information. Young people in 18u already used graffiti walls, music, poetry and blogs to express themselves, so there was an opportunity to extend this into a research model. I intended, with involvement of young people, to create an inclusive space, room, wall, blog or cloud where young survivors could express themselves in their own way. They could also use the medium they prefer, be involved as researchers, to the extent they wanted and was practical, and say what they think and feel, particularly about confidentiality.

Greater participation of young people in all aspects of research might possible lead to them taking ownership, and getting more involved. This might, in turn, lead to an increase in knowledge and understanding of the lives of young abuse survivors. Since confidentiality appears as a common theme across literature, and was highlighted in unpublished literature as vital to allow young people to talk openly about abuse, it is surely worthy of further exploration. Also, as 18u provides a unique service, already providing high levels of confidentiality, it seemed to me, that research with these young people, participating to whatever degree they wanted, could fill many of the research gaps identified here.

The next chapter discusses the gaps identified in the literature review, the research questions and the aims of the study. Methodology is explored to inform the design and implementation of the empirical study. Participatory research is also discussed and the thinking around participation and including service users in research. Ethics, risk, vulnerability and child protection are discussed in relation to the empirical research, and the methods for the empirical research are examined in detail.

## Chapter three: Research methods

### Introduction

In this chapter I explore methodologies and outline the chosen research methods for my empirical research. My literature review highlighted several gaps in the research literature. These gaps included: the absence of the voices of young CSA survivors; limited methodologies used to gather information from young CSA survivors or users of sexual health services; absence of participation of young people in research; and the limited information regarding young people's views of confidentiality. Through this current research, an opportunity was presented to build on existing knowledge about young people's views, by addressing some of these gaps. In particular, the plan was to explore ways of hearing the voices of young CSA survivors, whose abuse was unknown to child protection services in relation to their views on confidentiality and confidential services through a participatory approach involving young CSA survivors.

My literature review helped identify that confidentiality was considered by many young people to be important to them and, though research was extremely sparse in this area, it seemed that it might be particularly important to young CSA survivors. While the literature review indicated that there were other issues that were important, such as trust, having someone to talk to and staying in control of their own lives, these seemed to arise from having a high degree of confidentiality in place in the first instance, so as to be able to trust, talk and remain in control of their lives (Crisma et al., 2004; Matthew, Barron & Hodson, in print). The review also found that, although young people knew that confidentiality with most services was conditional on policies, they were often uncertain as to the limitations of such confidentiality and were often unclear about exactly what they could expect in terms of confidentiality. This meant that they were concerned about what information they could reveal to workers and what might be shared with others. Definitions of confidentiality vary across services and guidance for workers about confidentiality is most often based around the many instances when it should, or can, be breached and information shared (Department of Health, 2003; Health & Care Professions Council, 2012).

Due to this, I decided to find out from young people what confidentiality they wanted and how they would define and limit it for themselves, if they had any say in services. My research intended to ask young CSA survivors directly to share their experiences and views, in confidence. While quantitative studies are useful and can collect useful information, providing an idea of scale of the problem being measured, qualitative studies are preferred (Jones, 2000; Taylor, Bogdan & DeVault, 2015) to provide wealth and depth of individual human experiences. Also, a mixture of qualitative

and quantitative approaches to research provides improved results (Denscombe, 2007; Mertens, 2014).

My research question aimed to be clear, focused and relevant, and once young people were involved, they could decide, for themselves, whether or not it was relevant enough for them. Ideally, it would have been good to have had young people involved in the choosing of the research question but, prior to actually starting research, I did not have young people engaged with the research. The reason for this was that I needed to have ethical approval and approval from my management committee before approaching young people. It also would not have been practical or considerate to have young people waiting and getting impatient at what they might have perceived as slow progress. I therefore preferred to wait until I was ready to begin the empirical research before approaching them. I anticipated that once young people were involved as co-researchers, then the question might change and evolve from their input. However, as it turned out, they were happy with the question as it was.

As was identified in chapter one, I had arrived at the following research questions:

- 1) What are the views of young CSA survivors whose abuse is unknown to child protection services about confidentiality?
- 2) What are the conceptual and methodological areas relevant to young CSA survivors to build on current knowledge in the field?

The following question was added following the literature review in response to the identified gaps.

- 3) What outcomes will there be for young CSA survivors when using participatory research to explore these views?

### **Theoretical and methodological thoughts about research**

Positivists believe that social research is conducted to generate theories about how the world works and seek predictability, cause and reason mainly through quantitative research (Alexander, Thomas, Cronin, Fielding & Moran-Ellis, 2011). Realism as an ontological position of positivism assumes that objects exist independently from the researcher (Cohen, Manion & Morrison, 2013) and that there is an absolute discoverable reality waiting for the impartial and objective researcher to find (Mertens, 2014). Post positivists continue in this belief, but seem to have accepted the criticisms of

positivism while attempting to resolve some of the issues. For example, post positivists, while still aspiring to objectivity, accept that researchers' lived experiences can have an influence on the participants in a study and what is observed (Mertens, 2014). This is taken into account by attempts to consider the possible effects that the researcher has had on the study and how this might have limited the results. According to Robson (2002), post positivists still believe that a reality exists, but accept their ability to discover and know it is limited and imperfect. He describes post positivists as, "...recognizing, sometimes reluctantly, that the battle for positivism has been lost, but as still hankering after the mantle of respectability and authority that it conferred." (Robson, 2002, p. 27).

Some of the criticisms of positivism and post-positivism, according to Sarantakos (1998), include that quantitative measuring cannot capture the complexity of social behaviour, nor can reality be defined objectively, as reality is subjective. Sarantakos further surmises that people are complex social individuals and cannot be reduced to objects, nor standardised to produce quantitative information as humans are infinitely complex being with multiple meanings (Hasan, 2016). Neither can human researchers be neutral, as they all come with their own experience, background, beliefs and values, which, no matter how much they endeavour to be objective and neutral, will impact on what they observe and how they then interpret what they see. Also, as positivism relies on statistical methods to make claims of causality, depth of meaning is absent (Barbones, 2016). A standard approach to establishing causality is through experiments and these are simply not applicable or desirable for many social research situations (Barbones, 2016).

On the other hand, interpretivists, or constructivists, believe that reality is socially constructed by the people who experience it (Gergen, 1999; Robson, 2002; Burr, 2015). In this context reality is subjective and experienced differently for each individual based on each person's unique understanding and experience of the world (Bergman & Luckman, 1966; Pittaway, Aïssaoui & Fox, 2018). Researchers with this view are not seeking an objective reality, but rather are seeking to understand the many different realities that exist, with the assistance of the research participants, hence the use of qualitative methods (Robson, 2002). Social constructionism allows for a different focus in which the uniqueness of individuals can be studied, while allowing the sameness that joins people to be recognised and identified (Ashworth, 2003).

Constructionism theorises that reality is socially constructed, with researchers aiming to understand the "multiple social constructions of meaning and knowledge." (Robson, 2002, p. 27). Unlike positivism, scientific credibility is not a strong feature of constructionism (Fletcher, 1996; Farnworth, 2007; Burr, 2015). Neither is there a drive towards seeking empirical facts. Rather,

reality is represented through the lens of participants, while paying attention to the context of behaviour and the complexity of social life. These are all regarded by critics as problematic in terms of taking the finding of such research seriously (Parker, 1998). Without scientific credibility, and with a shifting reality, it is easy to see why some might regard this as a problem. However, for others such as Orne and Bell (2015), the multiple perspectives and forever changing experiences of social situations that can be viewed and interpreted through multiple lenses, are regarded positively as presenting further opportunities for researchers to increase human knowledge and understanding. However, Hasan (2016) suggests that both positivism and interpretivism can be regarded as appropriate for some analysis of meaningful social action. With positivism suited for large-scale social surveys or gathering descriptive information about the social world and interpretivism more appropriate to understand the complex actions of people and capturing the multiple realities of society.

Despite some of the problems of constructionism perhaps not being scientific or factual enough for some researchers, I decided to take a constructionist approach with my research. This was because I believe that human behaviour is complex and cannot be easily understood as a set of facts due to the complexity of each individual, their social setting, background, knowledge, beliefs, the constantly changing environments and how people interact with each other. According to Lock and Strong (2010), people are not individually constructed but instead are socially constructed through sharing and experiencing the world through interactions with others. My preference was to remain open to looking and trying to understand different realities and perspectives (Orne & Bell, 2015) and how they impacted on each other. I considered there to be a real opportunity for both myself and young survivors to contribute to understanding and knowledge, by working together to explore some important issues about abuse and survivors, from our many similar and different positions. Young survivors, from their similar position of youth, but each with their own unique individual lens; and myself, from my more experienced, older, worker lens. Together we had the opportunity to bring multiple perspectives and experiences to explore thoroughly the research question and to obtain better quality outcomes (Lundy, McEvoy & Byrne, 2011).

There are criticisms of both post-positivism and constructionism over what is considered to be an imbalance of power between participants and researchers (Guba & Lincoln, 1994; Jackson, 2018). Within this, researchers are considered the experts who make all decisions and hold all the power, while the participants simply supply the information that is asked for by the researchers. Emancipatory approaches, examining diverse populations and analysing power dynamics, are proposed to overcome this imbalance of power (Mertens, Farley, Madison & Singleton, 1994;

Mertens, 2003). While feminists focus on the imbalance of gender power between men and women and the effects this has on social life (Martusewicz & Reynolds, 1994; Gurr & Naples, 2015), others focus on the power imbalances of other marginalised and disempowered groups of people such as racial inequality (Gordon, 1995; Woldoff, 2015) or disability (Oliver, 1992; Shakespeare, 2013). Focusing on one particular group or category to the exclusion of others can lead to criticism too, due to the complexity of social life. For example, people can fit into more than one group of people, or none, and some categories, such as age or health status, are not fixed and can vary over time and circumstance.

### **Participatory action research**

According to Reason and Bradbury (2008) participatory action research (PAR) is an approach to research that goes beyond knowledge creation and seeks to also address social problems. It moves away from regarding participants as sources from which information can be obtained and towards regarding them as active participants in the research as co-researchers (Cahill, 2007) seeking to not only describe reality but also to change it. The approach is intentionally political to confront social oppression and marginalisation of populations (Grant, Nelson & Mitchell, 2008; Mertens, 2010). Therefore, the research has an agenda for action and reform that can be life changing for the participants, institutions, and the researcher's life (Creswell, 2014). Issues such as inequality, empowerment, oppression and suppression are at the forefront of thinking and participants can advance their own ideas for change while being involved in all aspects of the research including design, collection of data, analysis and including any benefits arising from the research (Mertens, 2010; Creswell, 2014).

In positivist types of research, the researcher attempts to be entirely objective so as not to influence the research in any way (McNiff & Whitehead, 2006). Participatory action research on the other hand accepts that those who have suffered oppression have a deep understanding and knowledge of their own experiences that should help guide and shape the research (McNiff & Whitehead, 2006; Cahill, 2007; Ngwenya, 2018). Rather than the positivist approach that considers reality to be in existence and waiting for the objective researcher to find, collect and present it as knowledge, social constructionism through PAR produces knowledge in the form of multiple realities through complex interactions (Farnworth, 2007) and the process of how knowledge is acquired and understood is integral to it (Guishard, 2009). Participatory action research has been described as revolutionary in that it challenges traditional academics view of knowledge production; liberating because it attempts to free people from oppression; democratic because it seeks to involve people in the process; equitable because it recognises the equal worth of all



people; and life enhancing in that it seeks to enable full human potential to be expressed (Reason & Bradbury, 2008; Guishard, 2009; Ngwenya, 2018).

Participatory action research is not linear but consists of cycles of action and reflection which integrates knowing and doing with constant reflection throughout the life of the research (Reason & Bradbury, 2008). It is a social process which can have a direct effect on the beliefs and vision of those involved and draws on the knowledge, skills and values of the population being studied engaging them in interpreting themselves and questioning their knowledge (Kemmis & McTaggart, 2008; Ngwenya, 2018). It facilitates collaboration and involvement of stakeholders at all stages, empowers and emancipates and is reflexive and transformative in that it encourages critical reflection and action throughout the research cycles empowering participants towards a deeper understanding of knowledge (Kemmis & McTaggart, 2008; Ngwenya, 2018).

Clemens and Mason (2008), showed PAR to be empowering, healing and challenging of inequality when used with abuse survivors. Similarly, Kralik and Hoon (2006) successfully involved survivors of violence in PAR with beneficial results and empowerment for those involved. My own research with adult survivors (Matthew & Barron, 2015) led to transformational change for the survivors involved. These are all good reasons for considering PAR in this study. According to Silver (2011), PAR differs from other forms of research because lay people are involved not just as subjects but as experts, informing the action. Silver (2011) warns about not just paying lip service to involvement and of the importance of genuine ownership of the research by all involved.

Bishop (2014) defines participatory research with young people as research with and by participants as researcher during which they are supported and trained to be fully involved in all aspects of the research alongside adult researchers. It is also regarded as complex with many challenges including the challenge of needing time and resources to develop relationships and accepting that the young researchers involved are not representative of all young people (Uprichard, 2010). Participatory research is thought to have value for all young people but this value is suggested to be greater for vulnerable young people (Yorke & Swords, 2012; Bradbury-Jones & Taylor, 2015) and can become, “a vehicle through which to exercise the power that always exists, but requires the right conditions for enactment” (Bradbury-Jones, Isham & Taylor, 2018, p. 90). The value of PAR for young vulnerable people coupled with the right of young people to be involved in research, listened to and having their opinions taken into account (Graham, Phelps, Nhung & Geeves, 2014), plus the

crucial involvement of gaining young people's views on their own world (France & Homel, 2007), have all led me to believe in the importance of involving young people in participatory research.

The absence of the voices of young people was notable in my literature review, as was any meaningful participation of young people in the design, gathering, interpreting and dissemination of information. Having observed this as a gap in research, it seemed reasonable to consider addressing ways to make sure that the voices of young people were heard in my own research. Encouraging young people to become more involved in the research also addressed the gap of a lack of participation. McLeod (2003b, 2006) prompts us to think about the importance of practitioner researchers and of carrying out research that is relevant to practice, and that was exactly what I had intended.

So as to fully involve young CSA survivors, whose abuse was unknown to child protection services in my research as co-researchers/participants, to whatever level and degree they wished to be involved, it was important to stay flexible and open in approach. This meant in practice using a mixed method approach though the methodology, over time, did move towards qualitative and social constructionism (Punch, 2009), as survivor researchers sought more in-depth information and became immersed in teasing out the themes and issues. My previous experience of carrying out participatory research with survivors (Matthew & Barron, 2015), certainly led towards us becoming very immersed in searching for deeper meaning.

My preference for emancipatory approaches to research over other approaches, is mainly because it seeks to make all parties more equal and eliminates some of the power imbalances by attempting to be inclusive, hear everyone's voice and involve the people being studied more fully in the research process. There are some problems with this that need to be considered however. Existing power dynamics may change but they cannot simply disappear (Kellet, 2011) and these power dynamics are present in every group (Schafer & Yarwood, 2008). Also, according to Oliver (1997), emancipatory research comes from people empowering themselves, rather than being empowered. However, people need to have the motivation to do this and, in my experience, young CSA survivors are often more focused on day to day survival rather than empowerment, and may need encouraged and motivated.

I chose participatory research for a number of reasons. Firstly, young CSA survivors within the Centre at 18u, where I am based, were aware of my research (as already mentioned) and many had expressed a desire to be kept informed and be involved. Participatory research was intended so that

participants (CSA survivors) could become directly involved however they choose, including setting the research agenda, agreeing data collection methods and tools, collecting and analysing data, reflecting, dissemination of findings and any action (Pain & Francis, 2003; Kesby, Kindon & Pain, 2005). According to Reason and Bradbury (2008) participatory research is action research and requires reflection and action as a process of jointly creating knowledge.

Secondly, a participatory approach is thought to be more respectful of the people who are being researched, as it involves researching with the person rather than extracting information from them (Cahill, 2004; Beazley & Ennew, 2006). Given that my research was with vulnerable young CSA survivors, respecting and involving the young survivors was an integral part of what I had intended. Additionally, a participatory approach is also thought to capture richer, more complex, inter-layered accounts, than methods that simply collect descriptive information for analysis (Pain, 2004).

A third reason for choosing participatory research over other methodologies, was to do with the issue of power relations. Through participatory research, survivors, and young people in particular, would be able to control their own involvement in the research. Young people are often more able to share their thoughts when empowered through self-directed methods to express themselves (Young & Barrett, 2001); and having choices in the methods of expression not only empowers, but allows for the individual preferences that young people often want and keeps young people's interest, while enhancing and enriching the information they share (Punch, 2002). A multi-method approach to research enables greater opportunities for more people to contribute (Morrow, 2008), and young people can engage most appropriately, entirely on their own terms (Kindon, Pain & Kesby, 2007).

There were some challenges I had to consider while undertaking participatory research with young people. Firstly, the assumption that lack of knowledge and competency, due to youth, is a barrier often cited (Kellett, 2005, 2009, 2010). Some researchers often start with the assumption of incompetence (Alderson, 2007). However, there is a growing body of evidence that this is not the case and, when treated as equals, young people can participate effectively and take ownership of research (Gray & Winter, 2011). Young people have been shown to be able to be knowledgeable and competent researchers (Bergstrom, Jonsson & Shanahan, 2010), who are dependable and capable (Schafer & Yarwood, 2008).

As already discussed in the literature review, the insider/outsider position also merits some consideration. While young people can get responses from their peers that adults could not (Kellett,

2010) and findings are firmly from the youth perspective, as opposed to an adult interpreting meaning (Lundy, McEvoy & Byrne, 2011), there is a danger of over-identification with peers, leading to potentially challenging situations developing (Jones, 2004). For example, a young person might share a problem such as being homeless, with a young researcher, and the young researcher may think nothing of offering to share their own accommodation with the young person without thinking the situation through fully. This could lead to social, emotional, financial or practical problems for the young person who has opened their home to a complete stranger.

This type of situation was avoided during the research by ensuring good communication and training of the co-researchers and regular on-going support and supervision. There were also many opportunities presented to discuss any arising issues or problems. Young people and survivors of CSA are not a homogenous group either and that had to be remembered, as there can be as many differences as there are shared experiences with any group or category of people (Orne & Bell, 2015). This will be discussed in greater detail later on.

### **Involving service users in research**

Currently, in the U.K., randomised controlled trials (RCT's) are graded as the highest evidence base for health care interventions (D.H., 1999) with the views of service users graded at the lowest value. Cohen, Stavri and Hersh, (2004), disputes this ranking and argues that randomised controlled trials have not been evidenced as more reliable than other methods, are restricted in what they can attempt to answer and that they exclude other non-statistical forms of knowledge. According to Beresford (2010), traditional research values neutrality, objectivity and researcher distance. As a result of this stance, research automatically devalues the 'knowledge' of those with lived experiences such as service users or CSA survivors, while elevating the knowledge 'claims' of academics without such lived experiences. With this kind of thinking about knowledge, survivors can be regarded as being too close to the problem and, therefore, their knowledge can be dismissed as less reliable than the knowledge of the more distant academic (Beresford & Boxall, 2014).

There are growing challenges however to this way of thinking about research and the influence of the researcher upon it. Rose (2009), points out that a traditional view of service users is based on an assumption of knowledge production, which is, that the researcher has no influence on the knowledge that is produced during research. She argues that the researchers also come from a particular stance, with their own thoughts, beliefs and values, and challenges the hierarchy of credibility and legitimacy that places their knowledge ahead of service users. Rose also points out that service users in some fields are increasingly being called 'experts by experience' (Rose, 2009, p.38).

Beresford (2010) discusses the growing emergence of different understandings of care and support stemming from people with direct experiences of such care. These include demands for redefining care to mean cared about thus implying equality, rather than cared for, which infers ownership and inequality. People who are disabled, older people, mental health service users, people with learning difficulties and abuse survivors have increasingly mobilised to challenge discrimination, demand the right to speak for themselves, demand greater equality, choice and control over their own lives, as well as human and civil rights (Campbell & Oliver, 1996; Carter & Beresford, 2000). These movements are concerned with equalising the relationship between service user and the services they use, changing society's view of service users from whatever group they belong to, and empowering people. Academic research has become an important vehicle for these movements.

In the U.K. disabled people became interested in undertaking their own research with disabled people, but this has spread to other groups of service users such as mental health service users, social services users and older people (Taylor, Williams, Johnson, Hiscutt & Brennan, 2007); due to the notion that mainstream research simply strengthens the assumptions of dominant structures of society. Emancipatory service user research is not neutral but political in nature, as it is concerned with changing the social relations of research production, improving people's lives, and ensuring that control of the research remains with the subjects of the research (Beresford, 2010). There are, of course, many criticisms that can be levelled at service users research, including the validity of different knowledge positions, reliability and the relationship between knowledge and experience. However, such is the scarcity of the voice of young CSA survivors, as evidenced in the literature review, that I would argue it is time to hear from some of these young people on their own terms.

## **Power**

In social science there is no agreed definition of power but there are well developed theories for attempting to understand power. A conceptual framework presents power along a linear continuum with power theorists believing power to be hierarchical and imbalanced at one end of the continuum and those at the other end believing it should be shared through negotiation. There are many hierarchical power theories (Emerson, 1962; Weber, 1986; Thompson, 2018) and these focus on the ability of the powerful person to exercise control over another, whether through persuasion, rewards, threats, position or authority. Theorists at the other end of the continuum who believe a shared balance of power is possible (Bricker-Jenkins & Hooyman, 1986; Freire, 2000; Mills, 2018), conceptualise power from the perspective of collective action rooted in effective communication, energy, strength and without limits. Of course, between these two ends of the continuum, there is the concept of negotiated and reciprocal power (Lasswell, 1948; Arendt, 1986; Dahl, 1986; Burke

& Stets, 2015). For the purposes of this research a middle ground was sought so as to share power with the young researchers.

Power in research is generally thought to lie mainly with the researcher who is directing the research while the participants respond (Limerick, Burgess-Limerick & Grace, 1996; Brinkmann & Kvale, 2008; Ari & Enosh, 2012) argue that power is co-constructed during the process of research with participants using their power in constructing knowledge through choosing what to reveal or not to reveal. The issue of power and how it might affect participants and the researchers was an important issue to remain mindful of throughout my research.

### **Power dynamics**

Participatory research does not, in itself, lead to an equal distribution of power (Gallacher & Gallagher, 2008). Not only that but power dynamics do not just exist between young people and adults. Peer to peer power dynamics have to also be considered as an important factor (Shafer & Yarmouth, 2008). Within all groups there tends to be leaders who rise, and those who follow, greater or lesser popularity and different levels of ability and confidence. There are also the power dynamics of race, sexuality, gender and disability within peer groups. Power dynamics in participatory research may shift and change but they do still exist (Kellett, 2011) and must be recognised and taken into account. Some researchers, such as Holland, Renold, Ross and Hillman, (2010), have taken the stance of paying attention to the power dynamics, and noting how it shifts and shapes relationships during research. They claim that it is more important *how* participation is enacted rather than a focus on *how much* participation there is. This, they argue, makes the level of participation more meaningful, with young people truly in charge of their own participation.

In this study, I paid close attention to the power dynamics, as suggested by Holland, Renold, Ross and Hillman (2010) and recorded the dynamics as part of the study. This was achieved through audio recording all meetings, online discussions and conversations and constantly reviewing them to analyse the dynamics between researchers. My previous research (Matthew & Barron, 2015), used participatory methods and led to many survivors feeling so empowered that they became able to go forward and return to education, join management committees and engage in other research projects. These were all achievements that they had previously felt unable to consider. I hoped to see whether a similar result was possible with younger survivors. I also monitored and recorded power dynamics of race, gender, disability and sexuality, and paid close attention to the dynamics between myself and the younger people, as there was already an existing stance of me being regarded as in a position of authority. I sought to try and level out the power implied in this during the research in a number of ways. I encouraged young people to take charge of aspects of the

research and have some meetings without me present and make decisions themselves. All meetings were audio recorded so there was a full record of what happened and of any decisions made, and information was constantly shared with all. I presented them with options and information of methods to gather data, for example, and encouraged them to make decisions about what was best.

### **Ethical considerations**

Informed consent, freely given by children, young people and vulnerable adults was necessary for all participants. People under the age of 16 can give their own consent if they know enough to understand what was proposed, and have enough discretion to make sensible decisions that are in their own interests (Alderson & Morrow, 2004). Cocks (2006) argues that some young people might be excluded from research by the notion of consent and promotes the notion of assent, where the researcher pays close attention to the responses, and behaviour, of the child to ensure they are assenting. This is agreed by Cree, Kay and Tisdall (2002) who point out that even very young children are capable of making their like or dislike of participation in research clear through refusing to engage or crying. There are conflicting views about consent when young people are involved in research. Baines (2011) is of the opinion that competent children should be able to consent, while others (Wilkinson, 2012; Sibley, Sheehan & Pollard, 2012) suggest that consent should be informed, voluntary and more robust.

Then there is the issue of assent. According to Alderson (2012), assent to research, rather than informed consent, is vague, lacks power and clarity, is questionable in morality and open to abuse. Assent is defined by her as: agreement, or non-refusal, without necessarily understanding or having enough information to understand the research being proposed. Some academics (Guggenheim, 2005) argue that parents should make all decisions, rather than children or young people. Guggenheim argues that the children's rights movement is a smoke screen for the erosion of, and interference in, family life by state officials. Also, there is some evidence that assent is being used with children, rather than informed consent, by profit-driven researchers, which is harmful and fraudulent (Sharav, 2003; Coppock, 2005; Baughman, 2007; Slessor & Qureshi, 2009). However, others, such as Sibley, Sheenan and Pollard (2012) argue that assent should be seen as an ethically appropriate way that children can be engaged in participation and decision-making in research.

### **Consent and approval**

As part of my consideration of ethical research, I sought and received ethical approval from the University of Dundee Education and Social Work School ethics committee (see appendix one), and also from the management committees of the survivor organisations that I was carrying out the research through. Silverman (2010) states that there are many ethical issues needing to be thought

through, particularly when researching with vulnerable groups of people. Since I was researching with vulnerable young people, I consider some of these issues here.

Informed consent was achieved through organising and advertising a briefing day, which anyone wishing to be involved in the research could attend to find out more and ask questions. Though I had information sheets to outline the research, I recognised, through many years of working with young people, that not everyone can read and fully understand the words on a sheet, and that they may not wish anyone else to know this. This was addressed by reading the information sheet out loud and also by making a recording available online and to anyone who requested it.

During the briefing, subsequent briefings and meetings with the young people, and during the extent of the research, I made sure that young people knew they could withdraw at any time, without consequence. In my experience, young people have no problem opting out of things they are not interested in, or are bored by. Usually they just fail to turn up and disengage through default. I did remain aware though that some young people can be overly compliant and, should I have noticed this, I would have talked with the young person to gently address the matter. If need be I would have asked another worker, or a young peer volunteer, to support the young person.

All information and identities were rendered anonymous on the data to protect the identities of anyone involved with the research. Any information being shared was also made anonymous and kept in a safe format on a passworded flash drive, so that it was kept fully confidential, and all people involved were made aware of how this was being managed. If anyone chose to withdraw from the research, they could withdraw their own contribution if they so wished. They were informed about this at the start of the research, and reminded if they decided to withdraw. As the participants were deciding and agreeing on tools and methods to answer the research question, they also helped decide how we would store and safeguard identities and information. Having said that, ultimately the final decision was made by myself so as to make certain that identities, personal information and data was securely stored on a flashdrive which had a secure password. This was kept in a locked safe and could only be accessed by myself.

### **Vulnerability, risk and research**

According to Fineman (2008) everyone is vulnerable at some time in their lives and vulnerability is part of the human condition, dependent on situation and context. Luna (2009) suggests that having lists of populations and a labelling approach to notions of vulnerability, leads to overprotection of those who are considered part of a particular population, and an under-protection of others who are not part of that population but, nonetheless, are vulnerable. Gennet, Andorno and Elger (2015)



assert that the complexity of factors that increase risk and susceptibility to greater vulnerability, make it really difficult to know who is vulnerable and, therefore, it is better to identify the risks and then work out which people are more likely to be vulnerable to those risks. They also assert the importance of safeguarding people involved in research from harm or exploitation, while not excluding vulnerable people from such research. Taking a risk-based approach to vulnerability in my research seemed like a sensible way to ensure that no one was harmed or exploited. Ensuring free and informed consent to take part was an important factor to avoid exploitation. I discuss ethics further later in this chapter.

However, risk is a complex multi-layered concept (Lupton 1999; Stevenson, 1999; Flick, 2017), with risk and uncertainty tending to be treated as though they are the same thing. Also, although there is a lot of research on risk and management of risk in social services and health services, the voices of service users are currently largely missing from this research (Stalker, 2003). This means not a lot is known about their views on it. In my study, it was important that service users were able to be empowered enough to explore, define and assess any risks or vulnerabilities for themselves and with myself so that they could increase their self-esteem, confidence and knowledge.

The potential vulnerability of young people, particularly young people who have experienced abuse, had to be carefully considered. The right to privacy had to be balanced carefully with the right to be protected from harm for more vulnerable people. This was addressed through 18u's Child Protection Policy and Health & Safety Policy. Myself and all staff and volunteers in the Centre are PVG registered, and young people could only be involved in the research if they fully understood what the research involved. If a young person disclosed abuse during the research, they would be offered support through 18u support service, and provided with information about other agencies and services they could contact. Confidentiality needed to be considered too, in respect of other crimes that could be disclosed during an interview (Orne & Bell, 2015). If the young person were to disclose serious arson or drug related crime that they were involved in for example, this might have had to be referred to the child protection officers. Having said that, I did not believe there were any risks of harm associated with this research as I did not explore the personal lives of the young people, rather, I only wanted their views and opinions about confidentiality.

I did remain aware and vigilant to issues such as bullying as there is always that potential when people come together. However, 18u is an organisation well experienced in recognising all kinds of bullying, from innocent sounding throwaway remarks, to generally making someone else feel small or bad about themselves. Bullying and abuse of power is dealt with immediately in 18u and is not

tolerated or allowed to fester and grow. During the research, myself and other workers were alert to the possibility of it.

According to Parson's, Abbott, McKnight and Davies (2015) who carried out a search of the websites of thirty-three research-leading institutions in the U.K., including three in Scotland, information about social research with children and young people was limited and highly variable. Though the age of adulthood in Scotland is sixteen, with young people able to marry, have children and even vote, some institutions define childhood as under the age of 18, and equate the status of childhood to vulnerability:

“Moreover, and of perhaps greater concern, is the apparent perceived ‘vulnerable’ status of children and young people generally (although not universally) with the main implication that research involving them was very often automatically elevated to a higher level of risk and, therefore, scrutiny. Indeed, in at least four institutions, any involvement of children and young people in research was deemed so problematic that it was considered (implicitly or explicitly) to be exceptional, requiring significant justification.” (Parson's et al., 2015, p. 723).

The British Paediatric Association guidance (2014) on research with children states that children should be offered opportunities to participate in research and that their healthcare should be assured by research. It points out that research with adults does not always point to the correct treatment for child illnesses, and may indeed be harmful to them, as there are important differences between children and adults. There is also considerable evidence from medical research that even for very vulnerable children, participation in research can be beneficial (Buckle, Dwyer & Jackson, 2010) in helping them feel empowered, included and listened to by others.

In recent years, there has been an increase in research with children in many different settings, which shows convincing evidence that young people are very capable of taking part in research and of giving their opinions and views (Clark & Moss, 2011; Lansdown, 2011). Also, many researchers have published insightful accounts of ethical issues to be aware of and take account of while researching with children or other presumed vulnerable people (Alderson & Morrow, 2011). Some researchers have questioned the agenda and over-cautious nature of ethical committees (Sikes & Piper, 2010) and some have accused ethical committees of acting as gatekeepers, with the main concern being risk aversion, rather than ethics (Halse & Honey, 2007; Tierney & Blumberg Corwin 2007; Sikes & Piper 2008).

Guidelines for involving children in research have been published by various bodies such as the NSPCC and British Educational Research Association (BERA) and there is now a significant body of knowledge and some important principles about researching with young people. One of these is the importance of participatory research to try and address the power differences between the researcher and the children (Kellett, Forrest, Dent & Ward, 2004), though this too has its challenges (Nind, 2014). It is also fundamentally important to ensure and maintain the informed consent of young participants (Dockett & Perry, 2011), and respect the rights of those who choose not to participate or consent (Bourke & Loveridge, 2014). Also, researchers have agreed that using flexible, creative and varied methods of data gathering are beneficial for gathering useful, trustworthy and credible views from children (Lewis, 2002). Parsons, Sherwood and Abbott (2016) suggest that children and young people have considerable expertise in technology, personal devices and social media, which could contribute towards creating new methods and resources, and supporting informed practices in social research with children.

There is a growing body of research with children and young people, including vulnerable populations of young people that has explored the matter of harm or distress to the young participant. The consensus from researchers so far, is that participating in research is not distressing (Hasking, Tatnell & Martin, 2015). Johnson and Benight (2003), in a study with survivors of physical and sexual abuse, found that 45% of participants found participating beneficial to them. Jaffe, DiLillo, Hoffman, Haikalis and Dykstra, (2015) agreed that the majority of people involved in trauma studies benefitted and a small minority became distressed. This distress was short-term though. Asking sensitive questions of young people has not been found to be distressing or harmful either, with some (Gould, Marrocco, Kleinman, Thomas, Mostkoff, Cote & Davies, 2005) observing that high risk young people showed less distress and suicidal thoughts after a screening for mental health problems. There was a similar finding by Hasking, et al., (2015), with most young people stating that they enjoyed participating, and gained greater self-awareness from it.

Under Article 12 of the UNCRC, (1989), children have a right to a say in matters which affect them. This includes the right to participate in research (Daley, 2015). However, many researchers choose to research only with over 18's because getting approval to research with younger people is often perceived as too bureaucratic and challenging (Bessant, 2006). Yet there is a potential risk of harm to young people by not allowing them to participate in research (King & Churchill, 2000). For example, not involving young people in research can lead to misunderstanding about their lives and experiences (Daley, 2015). According to Billet (2012), due to a lack of involvement of young

people in research, there is only a constructed picture of them and they are rendered invisible. A lack of knowledge of these young people could, in my opinion, lead to services, policies and provision which are at best unsuitable to their needs and at worst, harmful to them. Also, framing young people as incompetent has led towards them being perceived as vulnerable and denied participation rights, rather than being regarded as resilient and included (Mishna, Antle & Regehr, 2004; Newman, 2005).

There is certainly an argument for protecting the most vulnerable people in society from participating in research that might be harmful to them, though excluding people does create its own dangers (Young & Barrett, 2001; Newman, 2005). When excluding vulnerable groups, such as young people, we have to raise the question about who is defining certain people as vulnerable and others as not vulnerable. Also, if people are deemed too vulnerable to consult or be involved in research, policy and services can then be designed for people who have not been consulted or involved in decisions in any way.

The argument for protection and exclusion only holds up if the research is indeed harmful. If it is not harmful, then there is a strong ethical issue in not allowing participation or hearing the voices of young people who are already marginalised (Daley, 2015). I believe that there is nothing harmful about my research and rather, believe that it could be beneficial for everyone involved and will also add to existing knowledge. I did, however, throughout the study, constantly check with the young people to monitor for any potential harm, and also requested and received feedback from the young people at the end of the process. The result of this was that all young researchers reported that they had a positive and empowering experience as researchers.

There was a real challenge with this type of research, as young people were making the decisions about whether or not they were involved, how they were involved and perhaps changing their minds, their focus and their involvement over time. Reaching consensus and agreements was also a challenge and time consuming, leading to some messy research. However, according to Bevan (2013), despite the messiness, there can be a real value in that participants' involvement is more likely to uncover deeper interpretations, and results should have meaning for the people involved, other survivors and researchers.

### **Child protection issues**

Eighteen And Under has a robust child protection policy. This includes a written policy, a child protection statement, four appointed child protection officers (one qualified to basic SCOTVEC level, one a serving police officer and two qualified to Master's degree level) and all staff and

volunteers require an enhanced PVG certificate. Risk assessments are carried out for all activities involving young people, in-line with 18u's Health & Safety policy (see policies folder in 18u office).

In the event of a child protection concern coming to light, a child protection officer is informed and procedure followed in-line with policies. This involves making sure the young person is kept informed and involved fully in any decision making. Should there be serious concerns of harm, all child protection officers meet, and advice may be sought from Police or another outside agency. The safety, well-being and empowerment of the young person is the primary concern at all times. Throughout the 18u Centre, there are large notices on walls which clearly state the confidentiality that young people can expect, and all exclusions. This is also explained in detail to all young people who enter the Centre for the first time, and again if they make a disclosure of abuse.

During the research, any disclosure of abuse or harm would have been dealt with in-line with the existing policies of 18u. All young people taking part in the research were reminded of the policies prior to taking part. For meetings and activities related to the research, a full risk assessment was completed. This involved using our risk assessment tool developed by our Health and Safety officer in 18u prior to meetings (see risk assessment folder in 18u). Part of the risk assessment involved a safety checklist of the premises which is carried out daily, checking the fire escape and assessing the risk based on planned activities. As empowerment of young people is critical to the operation of 18u, young people were involved in the risk assessment and child protection procedures relating directly to them as individuals.

### **Mixed methods**

A mixed method approach that can gather both qualitative and quantitative data is thought to be very flexible (Plano-Clark & Creswell, 2008; Plano Clark & Ivankova, 2016) and a useful and powerful approach (Creswell & Plano Clark, 2011; Creswell, 2015). Action research when carried out using mixed methods can produce more rigorous and accurate results by integrating quantitative approaches with qualitative participant involvement approaches (Ivankova, 2015, 2017). McNiff and Whitehead (2011) suggest that action research is a broad methodological approach and should therefore integrate a range of methods. Additionally, conceptual and methodological similarities between action research and mixed methods make the blending of the two both practical and justifiable in seeking to secure a systematic approach to all aspects of the research (Ivankova, 2015). These conceptual similarities include; providing comprehensive information (Johnson & Onwuegbuzie, 2004; Davidson, DiGiacomo, Zecchin, Clarke, Paul, Lamb & Daly, 2008); being

dialectical (Greene, 2007); using reflective practice (Greene, 2007; Mills, 2011); and adopting a collaborative approach to research (McNiff & Whitehead, 2011; Ollis & Harrison, 2016). Philosophical similarities include; being pragmatic (Johnson & Onwuegbuzie, 2004); having a transformative lens (Mertens, Bledsoe, Sullivan & Wilson, 2010); and preserving the perspectives of insiders and outsiders in the study (Ollis & Harrison, 2016).

Advantages of combining a mixed methods and action research approach include involving multiple stakeholders in addressing a practical problem in a systematic manner through use of multiple methods thus producing credible results (Ivankova, 2015, 2017). Additionally, meaningful outcomes for stakeholders can be created through translating research findings into practice (Ivankova & Wingo, 2018) with the integration of stakeholders perspectives with data from quantitative methods maximising the studies potential to affect practice. However, there are challenges to consider including the challenge of balancing the insider and outsider perspectives (Ivankova & Wingo, 2018); ensuring that the skill set available to the researchers are adequate to using the method (Creswell & Plano Clark, 2011); and choosing and deciding which mixed method design is most appropriate for a particular study including getting the right balance of qualitative and quantitative data (Johnson, Onwuegbuzie & Turner, 2007).

Mixed methods can provide a greater depth and breadth to a study than a single method (Mertens, 2012), by a meaningful integration of quantitative information and personal qualitative information (Creswell & Plano Clark, 2011). Through combining a mixed approach, I hoped that any relative strengths and weaknesses of each approach might highlight a wide range of different issues. In this way there would be enough quantity of data to identify patterns, while having more in depth qualitative information to add richness and deeper meaning to the data. I also intended to remain aware of the challenges of mixed method approaches and action research while undertaking the study.

### **Recruitment and sample sizes**

Eight young people involved with 18u were recruited as co-researchers to assist in the research, from designing and creating the tools, collecting data, analysing the data and being involved to whatever degree they chose. The reason I chose this number was because eight young people had previously approached me asking to become involved as researchers. I expected, over time, that some might drop out for a variety of reasons and others might join us. We had originally aimed to collect broad data, such as general opinions about confidentiality, from around 50 young survivors who were involved with 18u via social media and living across the U.K., but in the end, we reached

and involved 140 young people. This was achieved by using a combination of surveys, blogs and social media, with the assistance of the co-researchers.

Information about the research was posted on notice boards in the 18u Centre and also on the website and 18u Forum. Young people involved with 18u were also informed about the research and invited to take part through text, email and social media. They could read the information online, download the information or listen to the audio version of the information. All the support workers in 18u gave the young people that they were supporting, information about the research. Young people were also informed about their right not to take part and their right to change their mind at any point without consequence.

Some young people were involved in the research through using graffiti walls and focus groups. It is difficult to know exactly how many young people used the graffiti walls as these were based in the toilets at the Centre and therefore deliberately private. But we estimated around 30 young people took part. There is no way of knowing if these young people took part in the research in any other way. This estimate was based on the numbers of young people regularly coming into the 18u Centre during the research period. The focus groups were kept small with between 8 and 10 people in each group so as to maximize the quality of information gathered as suggested by Krueger and Casey (2009) and Stewart and Shamdasani (2007). We were hoping that we would be able to make some comparisons between the younger people's views and those over 18, but under the age of 30. The reason I had included some young people up to age 30 was because 18u has a Shadow Management group that young people who are ex-service users, up to the age of 30, can be involved with. This group has a lot of lived experience, helps inform policy and development and works closely with the Management group.

### **Inclusion criteria**

Young people who had involvement in 18u between 2006 and 2017 and who defined themselves as survivors (or victims) of sexual abuse, or had experienced sexual abuse in their lives and whose abuse was unknown to child protection services, were included in the research. All genders and gender neutral people were included. Service users and past service users of 18u were included as were young people who accessed the online support forum and chat rooms of 18u. The reason I did not restrict the research to those under 18, was to allow opportunity for more young people to take part, and to be able to compare and examine data across different ages of young people to see whether there were any differences.

### **Exclusion criteria**

People over the age of 30 were excluded. Young people who came to 18u with a parent or carer, due to being too young to attend themselves were also excluded. Generally, this would normally be young people under the age of 12, though, if a young person had the capacity to find and attend the 18u Centre without a parent then they could still be included. This is because I assume that anyone able to find and use the 18u services by themselves, is capable of taking part in the research and giving an opinion. Anyone whose abuse was known to child protection agencies or criminal justice agencies was excluded. This was because I wanted to specifically reach those young CSA survivors whose abuse experience had not come to the attention of the authorities.

### **Research methods for the study**

Many researchers create child friendly tools and techniques, based on the premise that communication with young people is difficult and it needs these tools to get data that is not available through verbal communication (Kirk, 2007; Harris, Jackson, Mayblin, Piekut & Valentine, 2015). According to Punch (2002b), this can potentially weaken young people as social actors, by suggesting they are not capable of conversations. Punch questions the fact that if children and young people are competent social actors, why then would they need special methods to communicate. Some researchers argue that research with young people is the same as with adults (Christensen, 2004). However, this view has been criticised as not taking into account the power differentials between adults and young people, and researchers and young people (Punch, 2002b). She further argues, that the issue of the similarities, or differences, of child or adult participants, is far too complex to be viewed simplistically and suggests that there should be consideration of a continuum dependent on the individual, the context and the research being undertaken. With all individuals, there are a myriad of factors that influence them such as background, gender, race, age, ability, health and sexuality.

I engaged with the young survivors who wanted to be co-researchers to find out individually, and collectively, what methods and tools they wanted to use or explore to answer the research question. I informed them at meetings, via the Internet and by text and message, about a range of methods and tools, and listened to any ideas that they had. This provoked some very interesting responses with young people suggesting things such as online music, graffiti and art exhibitions to get ideas from other young people about how they wanted to share information. Other ideas that were discussed were podcasts, videos, blogs and the use of various social media platforms. ranging from instagram to snap chat and kik. Each person had their own preferred methods and all agreed to use what was most comfortable to them. They were then able to choose their own methods of engagement from those suggested, or follow through with some of their own ideas. I considered this



important so that they themselves were in control of their own engagement, right from the start of the research. Each young person controlled how they engaged, how long they engaged for, and when they disengaged.

My view was it was important the young people helped decide on the research methods as they were more likely to engage with methods and tools chosen by themselves and other young people, than with any imposed from outside. I wanted to ensure they had a sense of ownership and control over the research. I was completely open to their ideas and views on how the research should be carried out though in some ways it was also a frightening concept to give over control of my PhD to the young researchers. Having said that, I did make them aware of the many different possibilities for collecting data, including, but not limited to, surveys, interviews, focus groups, art-based methods, online forums and social media, graffiti walls and photography. I recorded the process of how we discussed and decided which methods to use and the planning that came out of this.

I also made the young people aware of the pros and cons of some of the methods. Surveys, for example, being an easy, quick and efficient way to gather data anonymously, but they often don't give the desired depth of data and there may be some misunderstanding of the questions. Interviews can be time consuming and require high skills but they do allow for some depth and exploration of issues. Focus groups can be effective, flexible and fun but they need to be well facilitated, do have limited confidentiality, and conflict can easily arise between participants (Robson, 2002). The young people were not at all interested in the pros and cons of different methods but were more focused on the importance of reaching young people in a way that was accessible and confidential to other young people. For example, we discussed how young people who could not leave the house due to mental health problems could participate in the research.

According to Bargiela-Chiappini and Harris (1997), disagreement is needed as part of the process of reaching agreement. Yet, disagreement is often viewed negatively as leading to conflict (Kennedy & Pronin, 2008). On the other hand, Kakava (1993) and Kakava (2002), has argued that disagreement can create closeness and solidarity of purpose. A study by Blanchet-Cohen, Manolson and Shaw, (2014) found that young people prefer to take time to discuss, analyse and value differing viewpoints, before making decisions by consensus. According to Feldman (2008), young people may be more able to seriously consider different viewpoints and be more flexible in reaching consensus than adults, due to their self-esteem and social identity being less established. Additionally, it may be that they are more likely to prefer reaching a consensus due to their decision-making process, including a high level of caring about the feelings of other group

members (Taffel, 2001), desire to flatten power hierarchies, and concern for inclusion by their peers (Langhout, Kohfeldt & Ellison, 2011). Habermas (1998) suggests that disagreement generates discussion and can lead to a decision which is grounded in reasoned argument (McCarthy, 1978; Sherry, 2014). According to Sumara and Carson (2001) the messy sharing and understanding of people's experience are reflected in group discussions. It was important that the young people and I had an understanding of these issues prior to, and during, the research so that we could better communicate with each other and deal with any conflicts effectively if they arose.

When we had differences of opinion, either between young people or between young people and myself, we documented this so as to have a record of it to refer back to when analysing data, and all discussions continued until we reached an agreement, a compromise or an agreement to disagree stance. It was important to accept that having different opinions was not necessarily a bad thing. I hoped that the diversity of the people involved in the research would lead to many different and similar views. According to Blanchet-Cohen, Manolson and Shaw (2014), young people prefer to reach consensus, and that is exactly what I found during the research.

Also, given as I was carrying out this research in order to work towards a PhD, I did need to make sure that the young people involved as co-researchers were aware that discussions might have to be time limited. Agreements were reached with the young people at the beginning of the research about the time-scales and commitment involved. This was relatively easy to agree as the young people and I were aware of our own commitments, how much time we had to share and although we knew this might change with circumstances, we agreed it was better to start with a plan and stay flexible if necessary. This way we knew what we were aiming for and had something to guide us.

The first meeting involved drawing up a plan of action (see table 3.1), making some rules to guide us, working out what needed done by when, and mapping out how we would achieve this in the time we had allocated to it. The action plan included such things as who would do what, the phases of research and a time scale. This plan became our reference guide and the researchers revisited it during meetings to ensure we stayed on track and met the agreed targets. There were times when I had to encourage and persuade the young people of the need to press on with the research, and there were times that they needed to do the same with me. We recorded this so that during analysis of data and reflection on the process, we were able to reflect further on this process. While I would always strive for consensus I was aware that there might be some occasions when the voices of the majority carried us forwards. The study by Blanchet-Cohen et al. (2014) showed a majority vote to be young people's second choice for decision-making. The opinions of the minority would also

have been recorded in the event of that happening. However, this never happened during the research due to always managing to reach consensus.

### **Mixed method approaches for this study**

#### **Qualitative involvement of the young researchers**

The young researchers were involved in all aspects of the research including as participants. They decided to record their involvement in the research and provide feedback on the process, their feelings and their involvement. Each young researcher chose their own means on recording their own information using a mixture of audio, video, blogs and diaries. They agreed to audio record all meetings, trainings, the extent and length of their involvement and they also chose to use the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and the Rosenberg Self-Esteem Scale (RSE) with themselves to record a base-line of their well-being and self-esteem at the beginning of the research, and again at the end, to measure any changes. These scales were chosen by the young researchers as these were tools that they were already familiar with through their involvement with 18u. Eighteen And Under has used these tools for many years with young people to allow them to measure and record their own self-esteem and well-being, if they chose to, while involved with 18u.

According to Tennant, Hiller, Fishwick, Platt, Joseph, Weich, Parkinson, Secker, and Stewart-Brown (2007), WEMWBS is a measure of mental well-being which focusing completely on positive issues of mental health. It is a short and robust tool for monitoring mental well-being which was developed by a team of experts drawing on academic literature, qualitative research and psychometric testing of an existing scale. Its strengths include the ability to record people's functioning, relationships, sense of purpose and feelings of happiness and well-being (Ng Fat, Scholes Boniface, Mindell & Stewart-Brown, 2017). Additionally, the Rosenberg Self-esteem Scale (Rosenberg, 1965) is the most widely used self-reporting scale to measure self-esteem (Blascovich & Tomaka, 1991; Gray-Little, Williams, & Hancock, 1997; Robins, Hendin & Trzesniewski, 2001). The Rosenberg Self-esteem Scale also has received more empirical validation than any other self-esteem measure (Byrne, 1996; Gray-Little et al., 1997; Wylie, 1989) and a review by Gray-Little et al. (1997) concluded that the Rosenberg Self-esteem Scale is a reliable and valid measure of self-worth.

The young researchers provided data to the study from their research diaries, recordings of meetings, use of WEMWBS and RSE scales and their input to discussions, trainings, focus groups, online chats and data analysis. Each of them individually had control of their own data, and each

researcher chose what to record. Each young researcher decided what to share from their diaries, recordings and results from use the RSE and the WEMWBS scales. These instruments had not been passed by the ethics committee as the young researchers were already using them to inform themselves as to their levels of well-being and self-confidence prior to the study as part of their involvement in 18u. Each researcher completed their own forms over time using the scales and the result of this was for their own use and personal development. During the research period each young researcher decided whether or not they would share any quantitative information with the lead researcher. Each young researcher also chose what information would be shared with the lead researcher and what information could be shared in this thesis. Right up until the final version of the thesis, each young researcher had the right to remove or change any part of their own information that they had provided. Prior to submitting the thesis they were invited to approve their own contribution and then prior to resubmitting the thesis they were once again invited to approve or remove anything that belonged to them. One young researcher chose to remove some data.

### **Surveys, blogs and social media**

The young people were keen to use surveys, blogs and social media because this was what they seemed most familiar with and they were keen to use online and mobile resources due to the high level of anonymity it offered and their own comfort with mobile and internet technology. Online surveys, blogs and social media were used to gather both quantitative and qualitative information and the anonymous views of the attitudes and beliefs of young people, though it was possible that it might not have been taken seriously by some of them, and there was some danger of misunderstanding (Robson, 2002). Social media is increasingly being used in surveys to gather information and, providing questions are clear, easily understood and have been piloted, this can be a reliable way of gathering information (Moy & Murphy, 2016).

Among young people, Facebook is the most popular social media platform (Duggan & Smith, 2013; Mascheroni & Ólafsson, 2014), followed by Instagram, WhatsApp and Snapchat. Young people use social media for a wide range of activities including socialising, building their identities, intimacy, literacy and for academic purposes (Boyd, 2014). Certainly for the young researchers and the young people who participated in the study, social media in its many forms was what all the young people preferred and indeed used. Research suggests that social background of young people does not affect their usage of social media and the majority of young people have a Facebook profile (Micheli, 2016). There has been some negative focus of young people's use of social media by focusing on cyberbullying (Davies 2010; Kowalski, Limber & Agatston 2012; Paul, Smith & Blumberg 2012; DfE., 2014). However, many consider this overstated (Tokuma, 2010; Ttofi &

Farrington, 2011), and have argued that this is akin to a moral panic, and activities that adults think of as cyberbullying, may be young people's normal behaviour (Cesaroni, Downing & Alvi, 2012).

According to Hine (2008), the Internet is a powerful way for researchers to reach people, but it often relies on a self-selected sample, which can be both limiting and biased, due to it only reaching a particular group of people. However, given as I was involving young people associated with 18u, social media provided another useful means for these young people communicating with the researchers and each other. Markham (2004) argues that people perceive the Internet in different ways, with some regarding it as a tool, some as a place and some as a way of being in the world. For my purpose, the Internet was a useful tool for communicating with young people, sharing information and gathering information. All young people involved with 18u use the Internet extensively particularly those who live further away, or who are unable due to health reasons to attend 18u, which made it the ideal tool for my purposes. Markham (2004) points out that online surveys are popular via the Internet, with several advantages including cost, geographical reach, ability to target particular populations, and time saved through being able to use particular software packages. However, it is important to note and be aware of disadvantages too, such as sample bias, not knowing the non-response rate, and possible lack of technical skills in designing the survey.

### **Focus groups**

Focus groups require good facilitation skills to make sure everyone contributes and stays on track (Cronin, 2008) but, with good organisation and preparation, they can generate quality qualitative data. The type of data generated by a focus group can be different to interviews as it is the interaction and discussion between people that generates the data (Morgan, 1997; Stewart & Shamdasani, 2014). Unlike an interview, everyone is not expected to answer every question during a focus group (Krueger, 2000; Morgan, 1997; Stewart & Shamdasani, 2014), and it is the discussion and interactions themselves that are most important. We held two focus groups during the research, one face to face in the Centre and the other online. The young people were keen to try out focus groups with those young participants who were willing as they regarded it as a way of finding out more information about what young people thought about confidentiality. They thought it would generate deeper more meaningful discussions than the survey and provide opportunities to explore some of the issues raised through discussion.

Focus groups and interviews have been used successfully online, using instant message, chat rooms and discussion forums to suit the participants (Stewart & Williams, 2005). Online interviews and online focus groups have the advantage that people can stay at home, but still be involved. This can be useful for reaching people who are unable, for any reason, to leave their homes (Madge &

O'Connor, 2002). Some researchers have found that it is possible to collect rich qualitative data online (Illingworth, 2001; Orgad, 2005). People can feel more in control of online interactions, be able to reflect more and respond in their own time. Also, there is the advantage of the researcher not having to transcribe recorded conversations, thus saving time. However, this does not suit everyone and some online interactions are “terse, stilted or shallow” (Hine, 2008, p. 310).

It is important to carefully guide a focus group in its discussion (Kreuger, 1998; Stewart & Shamdasani, 2014), without participating as the researcher expressing their own views can introduce bias. Also, the researcher needs to be able to respond actively and respectfully and be prepared to hear a range of views, while keeping the group focused, and ensuring everyone can participate fully. Focus groups are good for generating a rich understanding of participants experiences and beliefs (Morgan, 1998; Stewart & Shamdasani, 2014), but should be avoided if they create any expectations that cannot be fulfilled, if participants are uneasy with each other, or if the topic to be discussed is not of interest to the participants (Morgan, 1998). We did have concerns about managing the focus groups effectively which we discussed in detail prior to holding the focus groups so as to try and be as prepared as possible. The biggest concern of the young researchers was going off track, taking over or talking too much and we agreed to be aware of these issues and even had a few practice sessions during the training days to try out our facilitation skills.

Research suggests that online focus groups are just as effective (Im & Chee, 2006) at gathering quality data as face-to-face focus groups, and there is even the suggestion (Woodyatt, Finneran & Stephenson, 2016) that they may yield more personal data on sensitive issues. Online focus groups are more cost effective than face-to-face focus groups (O'Connor & Madge, 2003; Zwaanswijk & van Dulmen, 2014). Additionally, online forums have the advantage of permitting greater anonymity of participants (Schneider, Kerwin, Frechtling & Vivari, 2002; Stewart & Williams, 2005; Watson, Peacock & Jones, 2006; Nicholas, Lach, King, Scott, Boydell, Sawatzky & Young, 2010; Thomas, Wootten & Robinson, 2013; Ybarra, DuBois, Parsons, Prescott & Mustanski, 2014). Being open to both face-to-face focus groups and online focus groups, was an important factor in this study to allow for greater participation for those unable to attend face to face focus groups.

The online chat was carried out on the 18u private online forum. There is a chat area on the forum for group chats and also a facility for private chat. This forum is closely monitored by staff and is a safe online space where young survivors can talk with each other or with staff and get information and support. The young people can sign up for this using any online name they chose so that they cannot be identified. Only those with admin power to the Forum (myself being one) knows who each young person is and monitors all activity on the forum.

## Interviews

It was decided early on in the discussions with the young people that interviews would be part of the data gathering process, however the questions for the semi-structured interviews were decided after we had collected the findings from the survey questions. This was so we had an idea of how effective the questions would be. We agreed to take the open-ended survey questions and use them as the basis for the interviews. In this way we hoped to build on the data and explore the questions in greater depth through the interviews.

Follow up interviews allow for greater confidentiality than a focus group could provide, and can also address any conflicts that have arisen during focus groups (Robson, 2002). Although interviews can be time consuming and there can be criticism about interviewer bias (Fielding & Thomas, 2008), it is a good way to get more in-depth qualitative data. There are three basic types of research interviews: structured, semi-structured and unstructured (Gill, Stewart, Treasure & Chadwick, 2008). Structured being a list of questions that are unvaried and, while quick to carry out, they don't allow for much in depth exploration. Unstructured interviews have little or no organisation (May, 1991; Wethington & McDarby, 2015), which can allow participants to direct the conversation in their own direction, but they can be time consuming and confusing.

Indeed, with the interviewees in this study the interviews did, on occasion, become confusing as the young people sometimes chose to talk about other things totally unrelated to the study. This was due to myself being the interviewer and the young people regarding me as someone that they could talk to about personal problems. This meant occasionally dealing with the subjects that the interviewees raised at the time as these things were important to them and then going back to them at a later date to continue the interview. This meant that some interviews took a lot of time but it was important to allow the young people to talk about issues important to them rather than the research, as I regarded the needs of the young people as more important than my research. However, the young people involved returned to the interviews themselves without prompting from me as they stated that they regarded the research as important too.

Semi-structured interviews are between the other two and, while there are key questions to help define what is to be explored, they allow for some expansion or divergence (Bitten, 1999; Wethington & McDarby, 2015). This approach is more flexible than the others, and allows the participants freedom to introduce information that is important to them, but that the researcher has possibly overlooked (Gill, Stewart, Treasure & Chadwick, 2008). Qualitative methods, such as interviews, are believed by some to provide a richer and deeper understanding of social issues,

particularly those which are not well understood (Silverman, 2000). For this reason, semi-structured interviews were chosen for the research.

All interviews were conducted by myself using a semi-structured questionnaire which was agreed with all young researchers and based on the survey questions. The questions were first trialled with a small group of four young people in the 18u Centre. The four young people who trialled the survey were service-users who were attending an activity event and agreed to trial the questions. All young survivors who agreed to be interviewed signed consent forms and were given information about the study and about their right to withdraw prior to submission of the thesis without sanction. Survivors could choose how and where they were interviewed with Skype, Instagram, instant message and other social media, live chat or face to face all being offered.

### **Data analysis**

Due to the need to maintain confidentiality for all participants, the young researchers could not be fully involved in the data analysis at the beginning. It was important that all the data was firstly rendered anonymous so that no one could be identified from any of it. This meant that I had to go over all the data personally and remove any identifying information such as names, locations and personal details. Audio recording were transcribed, and screenshots, instant messages and other identifiable resources and data were also transcribed prior to sharing with the young researchers.

Cotterell and Morris (2012, p. 58) talk about two main aspects of experiential knowledge: first, that 'it arises from personal participation in the phenomenon and incorporates a reflective stance on this experience'; and secondly, that the person involved believes in and trusts their own knowledge based on their lived experience. According to Goodwin (1994), how we see and interpret information depends on the lens being used, and that experts can disempower the people being studied by virtue of believing that they know more than those being studies (Serpell, 2017). Involving young survivors as researchers not only brought a survivors' lens to the study but it also attempted to empower and involve young people as researchers. I use the terms 'we', 'our' and 'us' from here to be inclusive of the young researchers who became involved with me as co-researchers in this research.

The statistical information from the survey was organised into brightly coloured graphs and charts at the request of the young researchers so as to make it clearer and easier for them to see the information we had gathered and any trends. Using the software on Smart Survey we were able to make graphs and compare several variables such as age, gender and type of abuse experienced so as to ascertain whether or not there was a discernible pattern within any of the variables. Due to the



combination of open and closed questions in the survey, we were able to collect both quantitative and qualitative data. The same questions that were used on the survey were also used in the focus groups, chats and interviews so that we could compare data and themes. During analysis of the surveys we used data transformation (Creswell & Creswell, 2017) so that we could quantify some of the qualitative data. This involved creating codes and themes and counting the number of times they occurred in the data. The same system was followed with the data from the graffiti walls so that we could compare qualitative and qualitative data.

In approaching our analysis and understanding of the data, we were not looking for an objective scientific truth that was fixed and inherent, indeed we did not believe such singular truths exist in social behaviour. Our study did not intend to prove or disprove any assumptions or test any theories. Rather we took a social constructionist approach and brought our lived experience as young people and survivors of CSA to try and understand and make sense of the lived experiences of the young people who took part in the research. We sought to gather data and immerse ourselves in it, so as to further understand the needs of young survivors in relation to confidentiality.

According to Braun and Clarke (2006) thematic analysis is a relatively straightforward form of qualitative analysis, doesn't require detailed and technical knowledge and is a good approach for less experienced researchers. For the sake of the young researchers being involved in the analysis of the data, there was a need to follow a relatively straightforward approach that would also give us good results. Thematic analysis is also more flexible than other forms of analysis and:

“can be an essentialist or realist method, which reports experiences, meanings and the reality of participants, or it can be a constructionist method, which examines the ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within society” (Braun & Clarke, 2006, page 81).

As we were relatively inexperienced researchers, and were intending to take a constructionist approach, so as to explore meaning and reality from a range of perspectives, this seemed to suit our needs well.

### **Transcription**

According to Estable, MacLean and Meyer (2004), human error in transcription often comes from a lack of knowledge and misinterpretation, particularly in regard to having a response to emotional content:

“Many transcription errors are avoidable when transcriptionists are trained appropriately and included as professionals who form part of a qualitative research team” (Estable, MacLean & Meyer, 2004, p. 122).

To reduce error, we asked a support worker of many years’ experience from 18u to help transcribe and to check the transcriptions that we had already completed. After that, the young people who had been involved in the interviews were empowered (Forbat & Henderson, 2005) by being involved in reinterpreting and explaining in their own words the meaning of their own transcripts. They were invited to read, comment, add, remove or change any of it:

“By sending articles to participants, they are empowered to take as much or as little interest as they choose in how their contribution has been used. This, indeed, fundamentally changes the relationship that participants can have with research, not only in terms of promoting interest but also in engaging in debates on epistemology, truth claims and re-presentation.” (Forbat & Henderson, 2005, p. 1126).

This led to some changes and further explanations to clarify meaning. After the young people had examined their own transcripts, these were anonymised and given to the young researchers to identify themes.

### **Finding the themes**

Analysis of the data became a cyclical movement as we went back and forth over the phases during the whole process (Ely, Downing & Anzul, 1997; Mills, 2011). We immersed ourselves in the data as it emerged, reading and re-reading it, listening to recordings, matching them against the transcripts and searching for meaning and patterns. I had transcribed some of the data verbatim and read over and listened to data and recordings that had been transcribed by another worker to check for accuracy and familiarise myself with the data. All data had to be anonymised before allowing any other researchers to see it for the sake of confidentiality. I took notes as I went along as a prelude to coding (Braun & Clarke, 2006) and to remind myself of ideas and patterns.

Once all data was fully anonymous we began reading over it and coding it using coloured highlighters and post-it notes to indicate potential patterns or themes. Myself and the young researchers looked over my previous research too, to understand better how coding could work, as the research had similar issues of ensuring anonymity. After a few hours, the coding process proved too challenging (and boring) for some of the young researchers who, after an initial interest in the

data turned it over to me to carry out the coding process. While they were interested in what the data was actually saying, they found the coding extremely tedious. I tried to make sure as I coded, that I kept notes to retain the context of the data as this is a common criticism of coding as noted by Bryman (2001) and Merriam and Tisdell (2015).

The next step (though I did continue to go back and forth re-reading and re-listening to recordings), involved going through the codes and looking to identify themes. We agreed that the young researchers involved in identifying themes in the data would try and categorise them individually before putting results together for comparison with each other. We hoped this might be more empowering and less prescriptive than agreeing themes beforehand. This stage involved a lot of sticky different coloured notes and looking for repeated patterns of meaning. Two researchers came back on board with the research to be involved in this part of the research and, after we looked at the data separately, we came together and went over the data several more times examining the codes, my notes and agreeing themes.

Once we thought we had identified some themes, we began to review them against the codes and then looked back over all the data that we had, to see if they were the best fit. We gathered all the data relevant to each potential theme together to check and recheck it to see where it best fitted. After this, we reviewed the themes against the codes over the entire data set and generated a thematic map of the analysis. As we were following the process of thematic analysis as detailed by Braun and Clarke (2006), we then went on to define the themes and try to understand the essence of the themes. We grouped and regrouped themes and tried to get a clear sense of what the data was telling us and began to name and clearly define each theme. After much discussion with the young researchers, I wrote up our themes and our analysis of the themes while allowing for further reflections. I did not engage with the literature during the early stage of analysis, as I wished to keep a broad focus and a more inductive approach (Braun & Clarke, 2006).

Table 3.1 outlines a summary of the research plan that was created showing phases, timing and planned actions for the research.

Table 3.1: Outline of research phases

<b>Outline of research phases</b>			
<b>Phases</b>	<b>Steps</b>	<b>Action</b>	<b>Time</b>
<b>One</b>  <b>plan &amp; pilot</b>	1.	LM raises awareness about research project and invites young people to become co-researchers. Informs young people, gets consent and sets up first meetings of research team.	Aug
	2.	Team meet to refine RQ, learn about different data gathering tools, agree tools, agree questions to ask & make plan.	
	3.	Pilot the questions using agreed tools with people in the Centre to sort out glitches	
	4.	Refine the questions/tools based on the results of the pilot.	
<b>Two</b>  <b>getting data</b>	1.	Publicise research with young people in 18u Centre. Make support workers and volunteers aware of research.	Sept
	2.	Provide information to young people who are interested and get their consent to take part.	
	3.	Gather the data using agreed methods, transcribe and store in secure place.	
	4.	Thank young people and ensure that they can see their own transcripts for accuracy where possible.	
<b>Three</b>  <b>analyse</b>	1.	LM anonymises all data prior to anyone else seeing it.	Nov
	2.	Team meet to start the process of reading through, understanding and making sense of data.	
	3.	Team meet to discuss emerging themes, agree themes and discuss how we categorise. Look for similarities and differences.	
	4.	Team go over data and themes to ensure we understand. Invite young people who provided data to examine how we understood what they were saying and comment.	
<b>Four</b>	1.	LM writes up results and shares with team to check there is agreement.	Dec to March
	2.	Discussion with team about conclusions arrived at, and any limitations.	
	3.	Discussion with team about process from here, debriefing and getting ideas about what they would want to come from results of the research.	

### **Reflection on the process of PAR with young researchers**

A total of eight young researchers were recruited from within 18u through advertisements in the Centre and online, and two discussion and information days that were held. They were involved over the seven-month period of research and they were also able to provide data for the study through their involvement as researchers and participants. The way they chose to provide data was through discussions, trainings, from diaries, through social media, texts and instant message. Of those involved, all but one was known by myself to be a survivor of sexual abuse. One person (male aged 18) had never spoken about abuse or provided any personal information, though he has been involved with 18u support services. Six of the researchers had mental health problems, mainly Post Traumatic Stress Disorder (PTSD) and depression, five of these were diagnosed by mental health professionals and one young person's depression was the opinion of her parent. She was on the waiting list for Child & Mental Health Services (CAMHS). The young researchers self-reported their mental health issues and this was not verified in any way. Four of the researchers reported using self-harm regularly as a coping strategy and four researchers were registered disabled due to mental illnesses. Two of the young people had mild learning difficulties. One of the young researchers was still at school, two were of school age but had not been in education for more than 6-months due to mental health problems, and one was attending College. Four of the young people were not in education, employment or training (NEET) of any kind at the start of the research. The age range was between twelve and twenty; two identified as male and six as female; three had been in local authority care, and one was still living in local authority care.

### **Training**

It is importance to equip young researchers with the skills and knowledge they need to be involved in research and targeted training is suggested (Bradbury-Jones & Taylor, 2015). This was addressed at the first meeting of the researchers and we agreed that we needed two half-day training sessions on methods of gathering data, communication, ethics and data analysis. A further session was agreed after the second session as two sessions did not seem sufficient. The young researchers insisted on having further training on research methods, and ethics in particular, so that they could better understand what they were doing and the training sessions themselves became useful discussion groups where we were able to explore issues and get to know and trust each other better. We explored questions such as: What is good research? What is research for? What type of research can be done and how do you do it? We also explored and practiced skills such as focus group facilitation, discussed and agreed guidelines about such issues as not sharing personal information and training was provided in basic child protection and confidentiality. Young researchers were guided and encouraged to read about research and explore the Internet to increase their knowledge.

The lead researcher was already engaged in this but as time went on, the lead researcher was guided and encouraged by the young researchers to increase skills and learning in communication.

The training sessions were repeated in October due to the return of a young researcher (A) and the joining of another researcher (D). Some ( $n = 2$ ) of the young researchers attended the second training, even though they had already been on the first. This was very useful as they were able to contribute from a more knowledgeable position, plus it made the training more of a group discussion and indeed more fun as everyone was becoming more relaxed and knowledgeable and the young people had empowered themselves to take over much of the training. For those online, the training was carried out one-to-one using the chat forum and we covered the same information as the group had done using transcripts from the recordings.

More informal training continued throughout the life of the study with young researchers sharing their own expertise with the lead researcher particularly round communication via social media, text and instant message. Training became a shared and cyclical experience with the lead researcher learning from the young researchers and the young researchers learning from the experience of the lead researcher. This reciprocity of training and learning helped build all researchers' confidence and young researchers expressed feeling valued for their skills and knowledge which were essential to the study. This mutually dependent sharing of skills, ideas and abilities has been described as the concept of pedagogy of collegiality (Chávez & Soep, 2005), which can be produced through participatory research with adults and young people. Every researcher had their own particular set of experience, skills and expertise which they could contribute to the learning and as time went on everyone was able to contribute to the training and everyone was able to gain new skills.

### **Protection**

When involving vulnerable young people from a particular group in participatory research as researchers, it is important to remember that they can have the same vulnerabilities as the participants being studied (Taylor, Bradbury-Jones, Hunter, Sanford, Rahilly & Ibrahim, 2014). Studies with vulnerable young people have highlighted concerns that young people might share information to raise awareness of an issue such as abuse but later regret sharing this information (Thomas-Hughes, 2017). It was therefore important, in my research that I was aware of the need to balance protection of the young people with their right to participate and their autonomy.

I made sure that the young researchers had an opportunity to debrief with their support worker present regularly during the research so as to add a protective layer (Taylor et al., 2014) and to ensure that there were no conflict in role or identity for the young researchers (Aldridge, 2012). A

fundamental protection for the young people involved in the study was protecting and maintaining their confidentiality. This was achieved in a number of ways. All young people associated with 18u are informed that they can use any name they choose while involved with the organisation. No identifying information is asked for, or gathered such as date of birth or address and young people are not identified as services users or abuse survivors but rather as volunteers or visitors. There are activity groups available that any young person can attend, and all people using the Centre must sign a confidentiality statement and agree to 18u policies that includes not exchanging personal contact information or friending on social media without first seeking permission.

The young researchers were not aware of any personal details about each other and during trainings and discussions everyone was reminded to be mindful of not sharing personal information. Each young researcher had their own support worker who they could talk to independently and they also each had my personal contact details so that they could contact me by phone, text, social media or email. When involved in group chat, each researcher and young person could assume their own identity and once again everyone was encouraged to be mindful of not sharing personal information. Information, guidelines and expectations were all discussed and I made sure that regular bulletins and updates about progress were posted as I was aware that young people are growing up quickly and could move on. This made it all the more important to ensure that they were kept aware of progress and outcomes (Seymour, Bull, Homel & Wright, 2017). Young researchers were also supported directly by the lead researcher to deal with personal problems and issues that arose from them during the course of the study. Further information about this will be provided in the next chapter.

One of the concerns of participatory research is that the young person shares too much personal information which was unintended or that they later regret (Water, 2018). The study was not designed to gather personal information from young people but rather to find out their views about confidentiality. Young people were reminded of this during all meetings and discussions both face to face and online. Also, where young people did share information with the lead researcher that they wanted to be part of the study, they were reminded that they could change their minds at any point. All information was also anonymised so as to protect identities.

### **The research processes**

I introduced all who were interested in the research to participatory action research (PAR) using the simple look, think, act model (Stringer & Genet, 2004; Stringer, 2013). After the first face-to-face meetings to discuss participation and research, which was attended by eight young people, five of

the young people present agreed to become young researchers. A further three young people became involved as young researchers online. Two of them did not live locally and were therefore unable to meet face-to-face, and another one lived locally but was unable to leave the house due to mental health issues. Not everyone became involved at the same time and researchers occasionally left the research process and returned again later, which meant that we had to go over what we had already discussed and what we were doing with the research each time someone joined us, or returned after an absence. As I had recorded and transcribed all the meetings, I could easily summarise discussions and decisions from each meeting, while maintaining confidentiality with any personal issues that had been discussed.

The three online researchers were included individually and contributed their opinions and thoughts through me. They wanted to remain anonymous, but could join in the online chats anonymously using an assumed identity if they chose to do so. Two of them did get involved in the online discussions on two separate occasions. I acted as the hub between all the young researchers, providing them with information about the discussions and asking for their views. The views of the online researchers were shared with the researchers in the Centre and included in all discussions. I would then feedback the discussions to each of the online researchers who would give me their views on the discussions to feed back to the group in the Centre. There was a constant flow of information and dialog, and we constantly discussed and revisited the same topics and issues to ensure we were all in agreement and understanding each other, and to make sure new or returning researchers had the same information as everyone else.

Each step of the research, from designing the surveys to collecting and analysing data was reviewed and discussed repeatedly, with all the researchers involved at that particular time. Returning or new researchers were fully briefed about everything we were doing, and as the results and data began to come in from the survey and interviews, these were anonymised by myself, and the data shared with everyone involved at the time for reflection and further discussion. The constant revisiting of discussions was a positive cycle as it helped refresh and focus us back onto the research. We found that, over time, during meetings and even when talking online, we tended to digress and discuss other issues such as self-harm, mental health, abuse, music or Pokémon for example. However, new and returning researchers getting involved and needing to be informed and brought up to date, quickly brought us back to the research and the issues that we were supposed to be discussing.

### **Involvement of the young researchers over time**

Table 3.2 below shows the number of days each month that the researchers were involved with the research. I have counted the whole number of days in the month when young researchers stayed



engaged with the research during that month. As the study continued, involvement shifted and changed, with participation stopping and starting mainly due to life transitions for the researchers. Life transitions included the transition from Primary School to High School, talking to the police, getting abuse to stop, moving home, getting an apprenticeship and starting at College. Two young researchers also managed to get their first full-time jobs. During and after the transitions, some ( $n = 4$ ) young researchers took time to reengage with the research. Other things also caused the young researchers to disengage from the research for a period of time. These included illnesses, new relationships, family problems, and Christmas.

Table 3.2: Involvement of young researchers in days over research period

Month	A	Z	K	C	D	L	R	S	Totals
Aug	21	21	0	21	0	20	21	21	125
Sept	0	30	30	30	0	30	30	15	165
Oct	7	31	31	31	31	10	31	0	172
Nov	0	0	14	31	15	30	30	0	120
Dec	0	7	0	0	5	5	4	0	21
Jan	0	11	2	0	8	8	8	0	37
Feb	0	0	2	0	10	28	28	0	68
<b>totals</b>	28	100	79	113	69	131	152	36	

Two young researchers (L & R) had the highest level of involvement and stayed engaged with the research throughout the whole seven months of the research. Both remained enthusiastic despite several life transitions for one of them (L). One young researcher (D) was not involved at the start of the research but joined in October and stayed fully involved after that. Another young researcher (C) was very involved up until December but she then became unwell with depression and had to drop out. When she was ready to join us again, she had secured an apprenticeship and soon became too busy. Two young researchers (A & S) had the lowest involvement due to life transitions. In the case of (A) there was a transition to High School, followed by a house move to another town and subsequent move to another school. The other young researcher (S) dropped out of the research completely when he got involved in a relationship. Both young researchers asked to be informed about the results and outcomes of the research.

The table shows that there was keen interest in the research at the beginning, with some ( $n = 4$ ) of the young researchers very actively involved. The first three months of the research involved meetings, trainings, agreeing methods and creating the survey. It was a time of excitement and it

was a completely new activity for all the young researchers. None of them had any experience of being researchers and everyone was learning new skills, gaining new information and contributing their ideas. By November though, two of the researchers had dropped out (A & S) due to one (S) getting involved in a relationship and the other (A) moving house and then school. Another young researcher (Z) dropped out in November due to moving on from being in care and getting her first flat. Her involvement after that was limited, due to several other transitions including getting paid employment and volunteering.

As can be seen from the table, December was the month with the lowest involvement of all the young researchers. There were several reasons for this including a dislike of Christmas, “Christmas and New Year isn’t the same for me like it is you” (L) who was talking about her negative experiences of growing up in a young people’s unit and feelings of guilt at disclosing abuse and talking to the police:

“I feel like I’m being made to feel guilty for spoiling Christmas for everyone.” (L).

For other young researchers, they just wanted to have the experience of a good Christmas:

“Never even celebrated Christmas before. It will also be the first time I’ve ever celebrated Christmas.” (C).

For one of the young researchers, her experiences of Christmas meant that she had limited but basic desires:

“All I would like for Christmas is to be safe and warm” (K).

For five of the young researchers, Christmas was a difficult time of year due to past experiences of abuse, and their current situation. Christmas did not hold happy memories for them. For the others ( $n = 3$ ), they were busy shopping, partying and generally enjoying themselves.

After Christmas, it was difficult to re-engage with the young researchers. There were two main reasons for this. Firstly, the young researchers had lost their momentum over the holiday period. Although I texted, emailed, and posted on the research page throughout January, it soon became clear from the responses, which ranged from no response at all from four young researchers, to brief replies such as, “sorry I forgot” (C) and “I’m too busy” (D), that enthusiasm was lost. Secondly, we

had finished collecting data and had moved on to data analysis and looking for themes. This was not something that the young people were enthusiastic about. While four of the young researchers remained involved to some extent in discussions during this process, all four agreed that I should, “do the boring bits” (L); “make it easier to understand, can you make coloured graphs?” (R). One young researcher summarised:

“...it’s interesting I think... maybe... but this (data analysis) is too boring.” (K).

While I tried to make it more interesting through use of different coloured sticky notes and diagrams, it was soon clear to me that I had to make the data more presentable and less complex for the young people.

In order to reengage the young researchers in the data analysis, I went through all the data and made a series of colourful graphs, so that the young researchers could easily see and understand the information. I also gathered the information into a series of colourful tables. All numbers were put into percentages where possible, with numbers available alongside. I gathered quotes and ordered them into a series of tables, with just the gender and age of the person shown against each quote. I then cross-referenced the data against different criteria such as age and gender to see if there were any differences in the data based on these factors. Everyone had copies of the contents of the graffiti wall, and the focus groups transcripts had been broken down to quotes and coded data by myself. This made everything clearer for the young researchers and helped reduce the number of words they had to read.

I then introduced the young researchers who were still actively involved in the data analysis ( $n = 3$ ) to the graphs, tables and quotes and invited them to look for themes. I did not give them all the same information at once as there was so much of it, but rather split it up amongst them and myself, then, when each person had ideas and themes on the information they were looking at, we rotated the emerging themes and the graphs, tables and quotes round until we had all seen everything. It was quickly apparent that there were patterns amongst the information. We then discussed and began to agree themes, which were changed and reordered several times as we discussed them. We moved quotes around the themes, and began to see and agree some of the patterns.

All communication with the young researchers was, by now, happening online. This was mainly because two of the remaining young researchers only communicated online and the other was very busy at College and had limited time. It became much easier to use online communication rather

than try and meet with just one person. The group discussion was by now entirely through myself and one to one, which really slowed everything down. However, as I was having the same conversation over and over again with the three young researchers, and getting their ideas and opinions, it really helped familiarise myself with the data and helped me to see patterns that I might have missed if doing the analysis myself. Another positive was that the young researchers were independently identifying themes. When we began to compare, we soon found that similar themes were being identified independently by all the researchers, and this made us more confident that we were correctly identifying the themes from the data.

### **Process and outcomes of PAR with the young researchers**

After two face-to-face discussions, two online discussions and three training sessions (see table 3.4), we had all reached an agreement about how we should progress and gather data. We had written a plan and agreed the survey questions.

Table 3.3: research work that young researchers were involved in

ID	Planning	Design survey	Reading papers	Focus group	Data gathering	Data analysis	Own research
A	√	√			√		
Z	√	√			√		√
C	√	√			√		
D	√				√	√	
L	√	√	√	√	√	√	√
R	√	√	√	√	√	√	√
S	√	√					
K	√				√		

Table 3.3 above, shows the different activities that the young researchers were involved in during the research. All young researchers were involved with planning, which is not surprising as planning was constant and ongoing as we went through the cycles of research. We created an overall plan with a timescale (see Table 3.1: Outline of research phases) which outlined the three key phases of the research; planning and piloting, data collection, and analysis. Six young researchers were involved in designing and trialling the survey, which was trialled in the Centre with two groups of young people. Only two of the young researchers (L & R) felt confident enough to read any research papers, and the same two researchers facilitated the two focus groups, one online and one face-to-face. All but one of the young researchers was involved in the data gathering. Three were involved to some extent in data analysis and three of them decided to

undertake their own research as they wanted to know more and wanted to do more. Young researchers carrying out their own research is discussed later in this chapter.

As we went through the cycle of look, think and act, we debated what it was that researchers do, why they do it, the meaning of confidentiality, methods of getting good clear data, how to analyse data, and many other things some relevant, some not. The young researchers contributed their own ideas and occasionally became inspired and distracted enough to find out more about other things. For example, during a discussion about thinking and acting to discover further knowledge about the world, one of the young researchers found some elastic bands and wondered how far they would travel across the room when pinged. Within seconds everyone was involved in setting out the research question, discussing the variables, including elastic band width and length, how much stretch would be involved, the difference the individuals who might be pinged the bands would make, what were their variables, and how to measure and record our findings. While there was some pinged of bands round the room, the young researchers were mostly focused on discussing the exercise in research terms.

Other reflections included how accurate our observations on the pinged could be and whether we should be more scientific about it and standardise the pinged, or should we leave each person to decide their own style of pinged and just record the distance the bands travelled. All that took us round in a circle to a discussion of the aims of the elastic band research and back to our hastily written research question. Did we want to know how far an elastic band could be made to go, regardless of how we pinged it? Or did we want to standardise how we pinged the elastic band and test out the elastic bands themselves? Or were we wanting to measure each person's skill in elastic band pinged? We reached no conclusions about any of this because what had become more important to us was the fun we were having and the interesting discussions. Amid the fun, we even had a discussion of the ethics involved in our impromptu elastic band research. The ethical discussion included wondering if it was ethical to use elastic bands that were not actually ours, what harm could result from a badly pinged elastic band, and what could happen if someone was to unexpectedly walk into the room and get hit. The discussion about safeguarding others from our research with elastic bands concluded that we really should not be doing it in a public building with children and young people around.

On another occasion, when discussing and reflecting on some of the methods of collecting data we could use, the young researchers wondered how far and fast an office chair could travel down the long corridor in the Centre without bouncing off the walls. One of them had a theory that one kind

of chair might go further and faster due to its shape. They then became involved in creating a research question about the distance one office chair could travel compared to another without swerving, working out how to measure, collect and analyse data about it, and discussing the ethics involved in office chairs being pushed down a corridor in a public building that children and young people could attend. While it may have seemed on the surface that some of the digressions into fun activities were distractions and silly, they were not. In fact, the young researchers were still actively exploring and discussing some of the issues of research, and trying to understand the language of research through discussing and testing out their ideas. Just talking about abstract ideas was not enough for them and they seemed to need to try out activities during discussions. Most importantly though, they were engaged in actively trying to understand the concept of ethics in research.

Many of the debates we held happened online, through email, instant message and on message forums over the 7-month period. There was a mixture of communication methods, with individuals talking in private to me, the group talking online, and the researchers talking with each other without me present. We met face-to-face on seven occasions (see table 3.4 below) excluding the training sessions and online as a group on eight occasions. Not all researchers met as a group, as some ( $n = 3$ ) chose to talk only with me for a number of reasons including mental health problems, shyness, and fear. Some of the fear was a fear of judgement, or not being liked. “I don’t want to talk with no one else. No one likes me” (K). The young researchers had many doubts in the beginning, which they constantly voiced, in their abilities and skills to carry out the research effectively. It seemed clear at the start that they had very low confidence about what they could achieve. As time went on though, and we launched the survey, began the interviews, and data began to be collected, everyone involved grew in confidence and skills. This was evidenced by three of the young people deciding to carry out their own research (this will be discussed later.) Once they could eventually see that we were making steady progress with data and results coming in, they became more enthusiastic and encouraged.

Table 3.4: Meetings held with young researchers

face-to-face meetings	training sessions	online meetings
7	2 lots of 3	8

### Changes in methods

Activities did not always go the way that I had originally intended and had described in the chapter on methodology. For example, we quickly discovered that two surveys were needed rather than one, because they were targeting slightly different audiences on different media platforms. One was for putting on our website and the other was for on the Chat Forum, so the format needed to be altered

to suit each particular platform. The questions within both surveys stayed the same however. One of the young researchers (L) decided to rewrite the questions for the survey that I had previously submitted to the university ethics committee. She declared my questions were not youth friendly, were adult focussed and totally unsuitable, and the other young people agreed with her. She rewrote the survey, showed a surprisingly spontaneous emergence of piloting by showing it to other young people and getting their opinions, before giving back to me the newly designed survey. As many of the questions had been substantially changed, I had to send them back into the university ethics committee for further ethical approval. Once this was given, and all the researchers agreed, we were able to begin. The survey was then piloted with four young people from 18u. These young people were selected from two activity groups in the Centre and they were all young survivors (See appendix eight for the survey questions).

We had agreed that a graffiti wall of paper and coloured pens should be put up in the toilets at the Centre so that young people could give their views on confidentiality anonymously and in their own way. One of the young researchers (A) decided to sort out the graffiti wall and put these up in the male and female toilets. She pinned up large sheets of paper, attached coloured pens to the wall and wrote “views on confidentiality” at the top. She also pinned up all the information about the research beside them. Whenever she was in, she constantly encouraged young people coming into the Centre to make their views about confidentiality known on the graffiti walls. This young researcher took ownership of the graffiti wall to the extent that she would check on it every time she came into the Centre and remark on it, “Hey someone else has wrote on my wall.” It was clearly something that she was proud of and excited about, and she would read whatever new remarks had been made on the wall and talk excitedly about what had been written. Although this young researcher was unable to continue with the research, due to several life transitions, she continued to be interested and occasionally messaged, “How many hits are on my wall now?”

We had agreed to carry out two focus groups. One of the researchers (R) agreed to facilitate one of the focus groups in the Centre and another researcher (L) agreed to facilitate an online focus group. We talked it through at length and explored the best way of doing it and possible problems that might arise such as going off at tangents, talking too much, or not managing to facilitate effectively. Invitations to attend the focus groups were posted online and in the Centre, and support workers informed young people about them. Both researchers (R & L) read up about focus groups, and a worker from 18u attended both group sessions in case the researchers lost track of what they were doing or found it too difficult to manage to facilitate the groups. We agreed to have a list of open ended questions so that both groups would be discussing similar issues. The questions were the

same as the interview and survey questions. The researchers found it a challenging experience, they needed lots of encouragement and support leading up to the focus groups. They were both very nervous before the focus groups, but both reported feeling more confident and elated afterwards. Both reported feeling a sense of relief and achievement and feeling really good about what they had been able to accomplish.

#### Chapter summary

In this chapter I have re-stated the research question, explored methodology for my research and outlined the research methods for my study. I introduced PAR with an explanation of the reasons for its use in this study to actively involve young people as fully as possible. I also discussed involving service users in research along with the concepts of power and power dynamic. Ethics, consent, vulnerability, child protection and risk were all outlined in the chapter before moving on to introduce mixed methods and an more in depth exploration of the methods used in this study.

My initial engagement with young researchers and the process we engaged in at the start of the study were highlighted along with the tools and methods agreed for data gathering for this research. Data analysis was also discussed. I went on to describe the involvement of the young researchers including the training we engaged in, support and protection of them during the study followed by an outline of the processes we engaged in, the length of involvement of the young researchers and what they were involved in as researchers. Our reflections and the creativity of the young people were included in this chapter as were the changes that we made as we progressed in the study.

The next chapter provides both the quantitative and qualitative results of the empirical study and the results of the thematic analysis of the data. It begins with the outcomes and changes for the young researchers who were involved in the research before going on to the results of the surveys, focus groups, online chats and interviews. The quantitative results are provided after the results of the outcomes for the researchers followed by qualitative data and the emergent themes.

## **Chapter four: Results from the study**

### **Introduction**

In this chapter I will firstly provide the overall results of the outcomes of participatory action research (PAR) with the young co-researchers. Later in this chapter I will introduce the quantitative and qualitative results and the themes that emerged from the research data.



## Outcomes and changes for the young researchers

There were changes that occurred in the lives of the young researchers over the period of the research but it is important to point out that these changes may have happened anyway regardless of the research. Table 4.1 below shows some of the changes that happened in the lives of the young people, as reported by the young people themselves. There were big changes that occurred for some young researchers ( $n = 6$ ) such as moving home and getting a job, but other changes ( $n = 2$ ) such as getting involved in a relationship and volunteering, though perhaps seemingly not as big, still impacted on the young researchers lives. For example, the young researcher (S) dropped out of being a researcher when he started a new relationship. All the young researchers reported that they had increased their skills, felt more confident and had felt empowered by being involved as young researchers. The table shows some examples of the young people becoming empowered to apply for work and take action such as talking to the police to change their lives.

Some of the outcomes for the young researchers seemed transformational. For example, two of the young people were empowered to finally talk about ongoing abuse and, with support, they both separately went to the police to make a statement about the abuse. Although neither of these resulted in a prosecution, both young people felt that they had made an important stand and both were then able to stand up to their abusers and get the abuse stopped. Three of the young researchers got a job for the first time and one of them was employed in helping to carry out research. Four of the young researchers began volunteering, two of them on a peer education programme, and one became a youth advocate for vulnerable young people.

Table 4.1: Changes in young researchers over research period

ID	Age	Evidence of empowerment	Other changes
A	12	Took ownership of graffiti wall	Moved school twice, moved home, remained interested in research.
Z	17	Applied for a job, applied for College	Got a flat and a full-time job, returned to higher education, became an advocate for young people

			in care, became a peer education volunteer.
C	18	Went abroad to do voluntary work.	Increased skills, became a peer education volunteer, got an apprenticeship, remained interested in research.
D	20	Applied for a job	Interested in research, developed research skills, got a job involving research.
L	17	Took action, facilitated focus group & discussions	Talked to police, got abuse stopped, increased skills, started volunteering.
R	18	Facilitated focus group	Increased skills, started volunteering.
S	16	Stayed in contact	Started a steady relationship, remained interested in research.
K	13	Took action	Talked to police, abuse stopped, increased skills.

Two researchers became involved in further education and training. One young researcher moved out of care and was supported to get their own flat and became independent. The gains for the young researchers were not comparable between them as each young researcher came from their own unique place. Two young researchers reported that during their period of involvement in the research, they had not self-harmed once. This was quite remarkable! Considering that six young researchers had mental health problems, four were serious self-harmers, four were disabled and seven were not in education, training or employment at the start of the study, this was a massive change for all of them.

There was also an increase in self-esteem and well-being reported by the young researchers over the period of the research (see table 4.2 below). All reported feeling better about themselves and feeling more confident. This was further evidenced by using the RSE and the WEMWBS with the young researchers (See appendix twelve and thirteen). 18u uses these scales regularly in the Centre so that young people can measure base lines and any changes that can result from volunteering or taking part in activities,. Using these scales, young people established a baseline scale of self-esteem and well-being as soon as they joined as researchers. They completed both scales again at the end of their involvement in the research so that we could measure any differences. The following table shows the results with the columns labelled increased self-esteem and increased well-being, showing the increase in points between the baseline measurement and the end of the young researchers' involvement. We also compared the increase in self-esteem and well-being with the length of time they were involved as young researchers. The pre and post scores are provided in the columns before the increase in self-esteem and well-being. Due to the small sample size, only a

brief and limited analysis was carried out on this data as there was insufficient data available to carry out a more thorough or complete analysis.

Table 4.2: Pre and Post scores of self-esteem and well-being

ID	age	Pre & post scores self-esteem	>self- esteem	Pre & post scores well-being	> well being	Days involved
A	12	15 18	3	20 22	2	28
S	16	10 13	3	19 21	2	16
K	13	8 12	4	17 21	4	79
Z	17	10 15	5	28 32	4	100
C	18	10 15	5	29 33	4	113
D	20	11 16	5	30 34	4	69
R	18	18 23	5	60 65	5	153
L	17	2 11	9	5 15	10	131

Rosenburg Self-esteem Scale: There was an overall increase of 39 points recorded compared with the baseline (showing a rise in self-esteem with all young researchers overall), with some researchers ( $n = 1$ ) increasing self-esteem by as much as 9 points and some ( $n = 2$ ) by 3 points. Others ( $n = 5$ ), increased their self-esteem by between 4 and 5 points. It is worth noting that a score of below 15 is regarded on this scale as a potential problematic low self-esteem. Most of the young researchers ( $n = 6$ ) had a score of less than 15 at the beginning of the research process. Although all scores increased, some young researchers ( $n = 3$ ) were still below 15, and therefore in the category of having problematic low self-esteem though their score had increased.

Warwick-Edinburgh Mental Health Well Being Scale: There was an overall increase of 35 points on this scale, with one researcher gaining 10 points when compared with their base line. Some ( $n = 2$ ) showing an increase of 2 points and others ( $n = 5$ ) increasing by 4 and 5 points. According to NHS Scotland a score of between 41-59 points is regarded as average, above 59 points as good, and below 32 points is regarded as having poor health and poor well-being. Most of the young researchers ( $n = 7$ ) had a score below 32 prior to taking part in the research. All scores improved after being involved as researchers, but some ( $n = 4$ ) were still below 32 points. Some ( $n = 3$ ) had risen above 32 points however, which implies that their health and well-being had improved.

The biggest gains in self-esteem and well-being appear to be linked to the level of their involvement as researchers. It does seem that the longer that the young researcher was involved in the research,

the greater the gains they had in self-esteem and well-being. The young researcher (L) who showed the highest gain in self-esteem and well-being, had had the lowest score on both scales at the beginning, when compared to all other young researchers. It is perhaps not surprising that the young researchers had such low self-esteem and poor wellbeing, given as most ( $n = 9$ ) were CSA survivors, six had mental health problems and four of them were registered as disabled due to their mental health problems. Taking part in the research as researchers did appear to lead to measurable improvements in self-esteem and wellbeing but these results are tentative. The small sample and the limited nature of the analysis, makes it difficult to draw any conclusions, but these changes in self-esteem and well-being are possibly worthy of further research.

### **Supporting the young researchers**

Working with the young researchers led to some of them ( $n = 5$ ) disclosing problems that they had been having in their personal lives. It seemed that the closeness of working together and discussing issues of confidentiality and abuse gave the young researchers confidence to disclose problems they had been having to me. This included two of them talking to me about abuse that they were currently experiencing; five of them talking about past abuse that they had experienced; one person talking to me about mental health problems and relationships, and another talking to me about problems they were having with finances. For all the young researchers who needed to talk, I supported them by listening, giving them information about their own particular issue and situation, and allowed them all the time and space they needed to talk through their problems. I directed and encouraged two of them to other agencies that could offer more specialised help, including a GP for health issues and a Citizen's Advice Bureau for debt advice.

With two young researchers I gave many hours of support through long online conversations on forum chat and instant message. Both of these young researchers ended up being supported over time to report the abuse they were currently experiencing to the police so as to get it stopped. Prior to becoming researchers, neither of these young people had told anyone about the ongoing abuse they were experiencing. One had only spoken about abuse that had happened in the past and the other had not reached the stage of talking about what was going on for her. Neither of these reports to the police resulted in a court conviction due to lack of evidence, but the abuse did stop as a result of reporting to the police. I am still currently supporting one of these young people online. The other is still involved with 18u but now talks to a support worker. Other young researchers who needed support ( $n = 3$ ) needed less time and were content to just message when they needed to talk further or get more information. Two of these young people are still occasionally in touch with me for further support. The other is still engaged with 18u for activities rather than support. All support

was carried out online through text, email, chat, and instant message.

### **Researchers additional research**

There was a completely unexpected and unintended consequence of the young researchers getting so encouraged, when three of the young researchers became so enthusiastic that they each individually decided to carry out their own research, initially without saying anything to me. None of this was used for this thesis of course, as ethical approval had not been obtained for it. However, this did show that the young researchers were feeling more self-confident and empowered to take action themselves. It also made my research journey more complicated and became a new challenge. For example, one researcher (Z) decided to approach a high school to carry out a survey. She had been into this High School before as a peer educator and had good relationships with staff and pupils. She contacted the school and organised to go in to talk to the pupils and ask for their views about confidentiality. She had consulted with the head-teacher, the year group teacher and guidance staff, and the staff had given her their approval. She then went into the school and further explained all about her research to the staff and pupils, and asked the young people if they were interested in being involved and giving her their views about confidentiality. Those who were interested were provided with written information that she had prepared, which was based on the written information available for our study, and they were invited to come along to the group discussions that had been organised throughout the day by the teachers. Consent forms, which she had also prepared, were completed by all involved, and the young people were reminded that they could withdraw at any time. This was a good example of a young researcher using the skills that she had acquired during our study, taking action to find out more about something she was interested in, and being empowered to carry out her own research.

Another researcher (R) decided to carry out some informal research with his friends. We had been discussing the results of our research and, in particular, the difference between what male and females were saying and questioning why there might be a difference. He decided to go and talk to his male friends about it. He asked them their views on confidentiality, involved them in discussions about confidentiality and abuse, and then let us know that, while it was not proper research with permission and information slips, he considered it interesting and valid just the same. The young researcher explained that he had thought about the ethics of asking his friends about confidentiality and abuse but decided that there were no issues as his friends were all adults with no issues. They were also quite happy to chat with him about it. I thought it showed a good understanding of the research process that this young researcher took the time to think about ethics before having a conversation with his friends. I also think that the young researcher in reaching out to his friends and thinking about the issues and the ethics involved possibly impacted on his friends

too and gave them some insight into what he was trying to achieve.

One young researcher (L), reported back to me about research she had decided to carry out herself:

“I did a little research today on other services confidentiality. What I did was asked other services that support young people about their policy. What I found out was most wasn't keen on answering my question.”

She had taken it upon herself to phone and email round a range of services to question them about the degree of confidentiality that they gave young people. She said:

“I asked them questions about their confidentiality policy and if they thought it was displayed clearly on their website, and was written so all ages could understand. They wouldn't answer my questions direct”.

She found most services were unable or unwilling to answer her questions directly but she did discover that they would not stay confidential in certain situations:

“... anything to do with neglect, abuse of any kind they will need to inform someone else.”

This young researcher found herself confused by some of the things she found out about some of the services. She said:

“I also contacted a charity that works with people who have run away from home or are thinking of running away. Now this is where it gets rather strange. If you say to them you are going to run away or have run away they will inform the police or social workers.”

She could not understand why a service for young runaways would inform anyone about them if they ran away:

“Which to me makes no sense at all when their aim is to talk to people who have run away. I find that rather pointless.”

As she was constantly being referred to agencies websites to find out their level of confidentiality, she then decided to look at the 18u website. She had found that on websites it was hard to find agencies policies on confidentiality and then hard to understand them when she did find them. After she checked out the 18u website, she informed me that it too was not good enough or clear enough. She let me know that the website was written from an adult perspective, did not have a clear statement about confidentiality and needed to be improved. She also had a lot of similar things to say about how 18u's message forum could be improved. I thought that what she did was effectively a good example of the look, think and action model of research.

As a direct result of what this young researcher reported to me from her research, 18u management decided to redesign the website. Eighteen And Under asked other young people's opinions and then decided to improve the website in-line with many of the things that the young researcher had discovered about it. A clear statement was added about confidentiality and Frequently Asked Questions (FAQ's) about confidentiality were written and added to provide further clarity. The message forum was also redesigned and improved to add a chat facility and other youth friendly and more modern features. The young researcher and other young people were involved in the redesign and contents of the new website and forum. I then also decided that there was a clear need for clarity within the Centre so that young people knew exactly what we meant by confidentiality as soon as they came in, so we had the confidentiality statement written in large letters and painted onto the walls at the front door, in the hallway and in the young people's activity room.

Another agency that works with young people also listened to this young researcher about openly displaying their confidentiality on their website. The young researcher said:

“They did listen to what I had to say and asked me what I thought needed to be put in it and where on their website it should be shown. She valued my feedback and even passed on my details to her manager for her to contact me about it so they could look at what they could do to improve it.”

This young researcher would not have had the confidence to contact agencies and tell them how to improve their website prior to taking part in the research. She had always been a very quiet, unconfident person. Now she was challenging agencies to make changes for the benefit of young people and helping them to improve their services.

### **Tackling risks arising from young researchers carrying out their own research**

As previously discussed, three of the young researchers became so enthusiastic about research that they all wanted to start working on research of their own. This took them away from the research we were involved in and distracted them for a period of time. It also made it difficult for them to stay focused. This was despite numerous discussions and a total of 6 training sessions. To avoid this type of issue arising in future research, several issues should possibly be considered. Kellett (2005) raises the issue of the need for training young people as researchers and possibly even using other young researchers to achieve this. Certainly, had we, as new researchers who were still learning, been able to involve young researchers with some experience of research to provide training for my young researchers, this might have been well received and learning outcomes might have been greater for the young researcher.

The reason I think this, is that by the end of our research, the young people involved as young researchers seemed to have a lot more insight through having been involved in the process. They seemed able to look back and reflect on their mistakes, insights and judgements and able to discuss what they might have done differently in future. All of them could now comment both positively and negatively on being involved in PAR and this insight and reflection would have been helpful to have during our training sessions. Of course, this was not possible but if I had been able to find young people who had already taken part in PAR, perhaps they could have shared their skills and experiences with my young researchers. Bradbury-Jones and Taylor (2015) address many of the challenges to PAR and suggest training and time to practice skills as useful and necessary. While we did undertake training, we did not really have enough time to practice our skills. Learning from this experience, where possible, I would ensure more training, preferable with input from young people with experience of being involved in PAR and also taking more time to practice skills.

Unfortunately, during this current research, we were all learning how to be researchers together. There was limited time available and, even though I was the most experienced researcher, I too was learning about research. To avoid some of the problems encountered, of researchers going off at a tangent pursuing their own interests, several things could have been put in place had I thought about it beforehand, such as further training and having clear protocols in place to follow. Such training and protocols (Kellett, 2005) might have provided clearer guidelines and perhaps made us more aware of limits. It might have assisted me in being able to pull the young researchers back to the tasks in hand. On the other hand, we were all enthusiastic, learning together and being spontaneous, so it is possible too that protocols and training would not have prevented the young people drifting



towards their own research. Perhaps what was needed to prevent this was a much more experienced researcher to be guiding the young researchers more effectively.

### **Challenges experienced**

One of the challenges of working with the young researchers was communication. I was attempting to communicate with young researchers using different methods such as text, email, instant message chat and message board, and all the researchers were involved in different things and going at different paces. Talking to different people about different things sometimes led to confusion when I occasionally sent the wrong message to the wrong person by mistake. A good example of this was when I was talking to two young researchers (D & L) on Messenger using instant message, at the same time as I was talking to a worker in 18u about a funding application. I had been talking to the young researchers, separately but at the same time, about the survey and had just told them that there had been 30 responses so far. One of the young researchers (D) asked me how many males had responded and the other researcher (L) asked me how many surveys we were hoping to get completed in total. My reply to the 18u worker was “there were 3”; my reply to (D) was “about 80 I think” and my reply to (L) was, “We need to ask for 2K”. It took some time to sort out the confusion caused by typing a response in the wrong instant message boxes, especially as I was busy at the time and did not read their confused replies until later that day. The confusion that followed these mixed-up replies was the cause of much hilarity for a few weeks.

Also, as I am a lot older than the young people who were my co-researchers, I did not use quite the same language as the younger people, particularly online and when texting. This meant taking a lot of time to understand fully what was being said by going over it quite a few times. This was particularly the case when communicating by written words and symbols with young people who did not employ any punctuation or proper spelling. It was frustrating and time consuming trying to work out what the young researchers were meaning at times, and there were times when it was very difficult to explain something to them, as they had their own beliefs. For example, while talking to a young researcher (L) about questions for the survey, the following conversation took place:

L: Why do they even need to put what gender they are this is what annoys me if you are female male trans old young or whatever else, confidentiality, trust, private should all be the same for everyone.

Me: It would be good to know if there is any difference though between what people of different genders think

L: y

Me: also we want to know if we are reaching all genders and not just the girls for example

L: y

Me: If there is a difference it would be good to know. Also it would be good to make sure we are reaching people of all genders

L: it will mean different things to different people but not for different genders

Me: we don't really know that though, do we?

L: I no it so y don't u no

When another young researcher (K) contacted me about a meeting, the following was part of the extremely confusing conversation we had about it:

K: Whens the meeting

Me: I'm sorry but the meeting was yesterday.

K: omg ☹(((

K:SRSLY!!!

Me: We are meeting again next Tuesday at 6pm. Will you be able to make it? It would be good to see you there.

K: IDK

Me: what does that mean?

K: pmsl

Me: ????

K: just kidding lol. Ill try and make it

Other challenges arose due to the different abilities of the young researchers. I had thought that the age differences might prove a challenge but, rather than age, it turned out to be ability that led to challenges that needed careful managing. For example, during data analysis, one young researcher (D) found it difficult to read (due to problems with poor concentration) and remember what she had read, in contrast with two others (L & R) who could read fluently and could retain what they had read more easily. The two faster young researchers worked quickly through the data, identifying themes in just over two hours while the slower researcher took over a week to read through the same results. It meant that there was sometimes delays that could not be helped. I helped the slower person by talking to her online at times to suit. I was able to help by talking through the data with her, breaking it down into smaller chunks and helping her to stay focused. Sometimes taking more time was useful though, as it gave further time for reflection. By the time the slower researcher had

finished and caught up, the faster two had been thinking and talking things through with myself and were already rearranging the themes that they had found.

Some of the young people had ongoing difficulties and challenges in their own lives and this impacted on their involvement in the research. “My bf dumped me. I just want to die” (K). I had to ensure that even when one of the young researchers took on to do something, I had some back up in case the young researcher could not manage to complete the task. I also had to ensure that the young researcher did not have a sense of failure if they did not manage to complete a task. I did this through keeping the tasks simple, providing lots of support, and letting them know that they did not have to do anything if they did not want to. Tasks included piloting and sharing the survey, going onto the forum or chatroom, reading data, and giving their opinion about something. I tried to share tasks that were manageable and appropriate to the specific needs of each young researcher whilst bearing in mind what I knew of their personal circumstances. I was strongly aware that I did not know everything about them and it was possible there was something going on in their lives that could affect their ability to carry out a task. Sometimes a researcher would just vanish for a while and I was left unsure whether it was ok to contact them, or not. As each young researcher’s life and situation was unique to them, I had to be very careful and sensitive about how I dealt with a young researcher disengaging for a while. The following is part of a conversation with one such young researcher. I went on to provide support for this young researcher.

Me: Hi. I haven’t heard from you for a while. Are you ok?

A few days later

Me: Hi there. I am hoping that you are ok. I haven’t heard anything from you since the last meeting so thought I’d try and see if you are ok.

Z: Im fine

Me: I am glad to hear from you. I was getting a bit concerned. Are you still interested in researching? It’s ok if you are not but if you are still interested, I can arrange to bring you up to speed. Just let me know?

Z: ok

Me: Hey are you ok? You are not sounding your usual chirpy self at all. Is there anything I can do? Do you want to talk about anything?

Z: yeh

It was also a challenge every time a researcher got an idea and decided to take off in their own direction. While it was good to find that the young researchers were getting energised and taking

action with their own ideas for research, it also led to further work for myself. I had to be sensitive to the feelings of the young researchers when they were enthusiastically telling me about what they had just achieved, while trying to think through any issues that might arise from it. There was also an increase in support and enquiries for 18u services, due to the raised awareness the young researchers had achieved through their independent research. I had not anticipated this. As a result, 18u had to organise a volunteer recruitment drive and training programme so that more volunteers were available in the Centre to meet the increased demand for services that resulted.

### **Discussion of research involving young researchers**

Eight young people joined me as young researchers over a 7-month period. All young researchers showed some evidence of being empowered by the process, and all appeared to have had a small measurable increase in self-esteem and well-being over the period of involvement. The research was messy, chaotic and complex with many repeated discussions, revisiting of issues and lots of talking, but it was also fun. There were some unexpected outcomes in the research with three young researchers becoming interested in carrying out further research into different but related issues, two young researchers getting abuse stopped, and two securing paid work. These and other changes in the lives of the young researchers seemed to be significant for the young researchers and being involved in the research as researchers may have possibly contributed to these changes.

Participatory action research involving young people as young researchers was a fundamental part of this study. Three young researchers were wholly involved online and five were involved to some degree face-to-face, though by the end of the period of research, all communication was carried out online for convenience. All but one of the young researchers was known to be a survivor of CSA, and all of the young researchers had complex issues to deal with in their lives, some of which had arisen from the adverse effects of having experienced abuse. The involvement of the young researchers in the research varied over time due to life transitions and other significant things going on in their lives, though two researchers stayed fully committed throughout the whole process.

Levels of participation and methods of participation varied a lot with the young researchers with each young researcher in complete control over how they were involved, how long they were involved, and what they were involved in at any given time. All researchers were involved in planning, but other research activities such as data gathering, design and data analysis were carried out by different young researchers at different times. The older and more confident young researchers were more involved in the data analysis than the younger researchers, but the younger researchers had greater involvement in planning and data gathering than the older researchers.

The young researchers brought their own ideas and reflections to trainings, meetings and discussions and instigated unique, innovative and fun ways of trying to fully understand and make sense of the whole research process. This was dynamic, engaging and quite unexpected but, at the same time, it was clever, practical and illuminating. This showed them to be well engaged with the research process and capable of challenging themselves to invest in learning more about research methods and ethics to ensure they were doing everything to the best of their ability. On more than one occasion, during meetings, they digressed into hypothetical discussions (and some action) about research questions, methodology and ethics about unrelated but quite practical research such as how far an elastic band might travel. From discussing practical things that interested them at the time, and even trying some of their ideas out, the young researchers became more focussed on understanding how research worked and how important the research question, methodology and ethics was to research. This working out, having some informal fun, and testing of their ideas really helped the young people make sense of what we were attempting to do with this study.

Flexibility was important to this research due to the involvement of the young researchers and the sensitivity of the population involved in the research. From the beginning of the young researchers' involvement, as I had hoped, they brought their own unique blend of lived experiences and expertise as young people and as CSA survivors, and this meant me being open to changes, such as when they rewrote the survey and made it more youth friendly. Each young researcher had their own issues and challenges in their lives and all had low self-esteem and lack of confidence at the beginning of the study, with several of them expressing doubt in their own ability to be researchers. There was however, a direct link identified to the young researchers having a measurable increase in self-confidence and self-esteem the longer they were involved in the research process. Being involved in research and valued as researchers for their knowledge, expertise, time, and efforts had large gains for the young researchers in terms of self-esteem, confidence and well-being, particularly for those who had started out with the lowest level of self-confidence and self-esteem and those who stayed involved longer.

An unexpected outcome of involving the young people as researchers was the way that they began to form a bond of trust and talk to me about their personal problems, and this led to them getting support and information from myself and others to deal with their problems. As we were constantly discussing issues of abuse, ethics, confidentiality and methods of gathering data, we all grew closer, and gradually the young people began to share more and more with me to the point where five of them individually shared details of abuse that they had experienced in the past. Two of the young researchers went on to speak about current abuse and others spoke about other personal problems

they were experiencing. For these young people, it seemed to be the close bond of trust we had formed, in addition to the experience of the young people being immersed in an environment where talking about abuse and the needs of other young abuse survivors, that made it possible for them to trust enough to disclose what was happening to them.

Other unexpected outcomes were that some of the young researchers became increasingly interested in carrying out further research for themselves in areas of their own interest. Prior to this study, the young researchers had had no interest in research or understanding of it at all, yet, upon being involved in research, their interests quickly expanded. This showed that their interest in research had been stimulated, had grown and extended beyond the initial study. They had begun to see the value in research to find out more about things they had an interest in, and they began to develop their own ideas further. This was a positive development in that it increased the interests and potential of the young people to go on and get further involvement in research and seek further knowledge and learning opportunities for themselves. Indeed, one of the young researchers, while seeking more knowledge and understanding, went on to identify and highlighted some important gaps in the information was presented on the 18u website and this led to improvements being made. While it is interesting that the young researchers became interested in learning, it is important to point out that for this group, seven of them had been out of education and training for some time. That they were drawn back into learning through being involved in this research seems really important.

While there were certainly challenges to overcome in carrying out PAR with the young researchers including communication issues, dealing with different abilities, and personal problems that arose which they needed support to deal with, we all ( $n = 9$ ) enjoyed the process, became more skilled and reflective and everyone reported that they felt empowered ( $n = 9$ ) by the experience. Although involving young researchers was challenging, it was a challenge worth taking on as I believe the enthusiasm, knowledge generated and new ideas that the young researchers brought into the research showed the value of PAR, and the importance of involving the people being researched in the research itself. Without the unique understanding and knowledge that the young researchers brought to the research, the knowledge gained would have been much poorer.

### **Summary of Participatory Action Research**

The young researchers assisted in making the research methods youth-friendly, became involved in trainings and discussions, and were instrumental in making sure that the voices of young people were clearly understood and heard. All young researchers had received, or were receiving, support from 18u. The support was individual to each person's needs and the young people themselves

stayed in control of the process, deciding how often they used the services and in what way. Young people could chose attending group activities such as art or drama for example, or one-to-one support by email, text, instant message or face-to-face. Being involved in the research provided another route to identifying the needs of the young people and being able to offer them support, set within a safe and supportive research environment.

While involved in the research, the lives of most of the young researchers changed in significant and positive ways. This suggests that being involved in research as young researchers was a positive experience, though perhaps other factors in their lives were influential too. No one reported any negative experiences of being involved as young researchers. Further research involving young researchers in participatory research would be needed before any firm conclusions can be drawn however.

## **Quantitative Results**

A total of 140 young people took part in the research in a variety of ways. Ninety-six participated in the survey; eight participated as researchers; eight participated in online chat; ten participated in interviews and eighteen in focus groups and all contributed data for the research. We did not count the numbers participating on the graffiti wall, as this was unknown. To reduce the chance of people participating more than once in the survey, they signed in by email and once the survey was completed, the system blocked them. Young people taking part as researchers, in interviews, focus groups and chats were asked if they had taken part in any other way and this was noted. This was so that we could get an accurate number for those who were involved. Twenty-five participants identified as male, 114 identified as female and one person did not identify with either gender.

## **Surveys**

A total of 111 young people took part in surveys. Fifteen of these only partially completed the survey, so only 96 were included in the study. Of these, 78 were female, 17 male and one young person did not identify as either gender.

## **Interviews**

One person chose face-to-face interviews and nine chose instant message. Using instant message meant that the young people could answer questions in their own time and some ( $n = 6$ ) took several days to think through the questions and complete their interview. Some ( $n = 2$ ), after answering the questions, took time to think about their answers and sent more instant messages to further explain. Ten young people aged between fifteen and eighteen were interviewed; nine were female and one was male. Four young people had been (or were currently) in local authority care

and six had mental health problems, mostly post-traumatic stress disorder and depression caused by abuse. It is worth noting that even when a young person is in local authority care, the abuse that they have experienced or are currently experiencing might remain unknown to the authorities as CSA is often unrecorded and unknown (Reitsema & Grietens, 2016). This was the case with all young survivors who took part in this study including those in local authority care.

### **Online chats**

Eight young people used the online chat to discuss their views on confidentiality. Six were female, two were male and the age range was thirteen to seventeen. We found that they preferred to talk in the private rooms one to one with a researcher, rather than in group chat, even though they were anonymous online and the group chat was not in any way personal.. All who spoke in the private chatrooms spoke more openly, and in more depth, about their views on confidentiality and gave the reasons behind their views, than those involved in the group chat. The group chat was a bit stilted, did not go into much detail and tended to go off at tangents as young people ran out of things to say. We concluded that the reason the young people chose private chat over group chat was because they wanted to share more detailed information and the private chat room provided a greater intimacy for them to do so. All young people used a mobile phone to access the online chats and some ( $n = 3$ ) spoke about the difficulties following the conversation in group chat. We concluded that the group chat conversation was too difficult to follow using a mobile phone and that possibly put some of the young people off.

### **Graffiti walls**

A total of 16 comments were made on the male graffiti wall and 36 comments on the wall in the female toilet. This is a good-sized sample for 18u. We frequently use graffiti walls to gather opinions and it usually takes 6-months to get this number of opinions. The wall about confidentiality was only up for 6-weeks before attracting this many comments.

### **Focus groups**

One focus group was held face-to-face in the Centre and the other was online in a private chat room. Eight young people took part in one focus group and ten in another, 15 identified as female and three as male. Ages ranged from thirteen to twenty.

### Ages

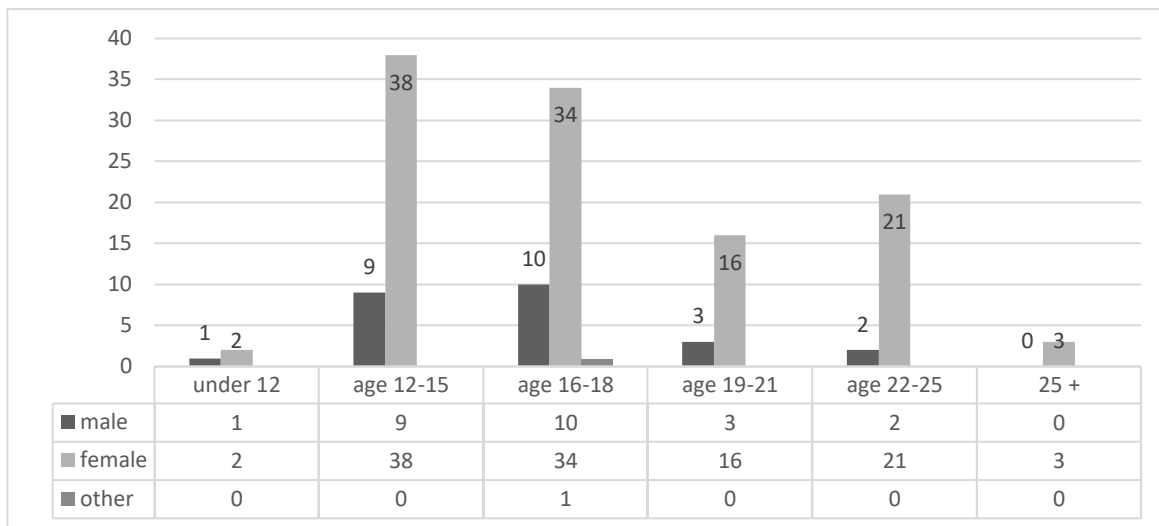
The age range of participants was from under 12 ( $n = 3$ ) to 25-30 ( $n = 3$ ), but most participants were between 12-15, 34% ( $n = 47$ ) with 16-18 years old, 32% ( $n = 45$ ) closely represented too. A total of 95 (68%) young people were aged 18 or under. The age group 19-21, 14% ( $n = 19$ ) and 22-25, 16% ( $n = 23$ ) were also represented with 3 young people (2%) over the age of twenty-five.



### Age and gender

Although there were fewer males than females involved in the study, they were represented across all ages except the over 25's. No males were in the 25-30 age group. One person who did not identify as either male or female, was aged 16-18.

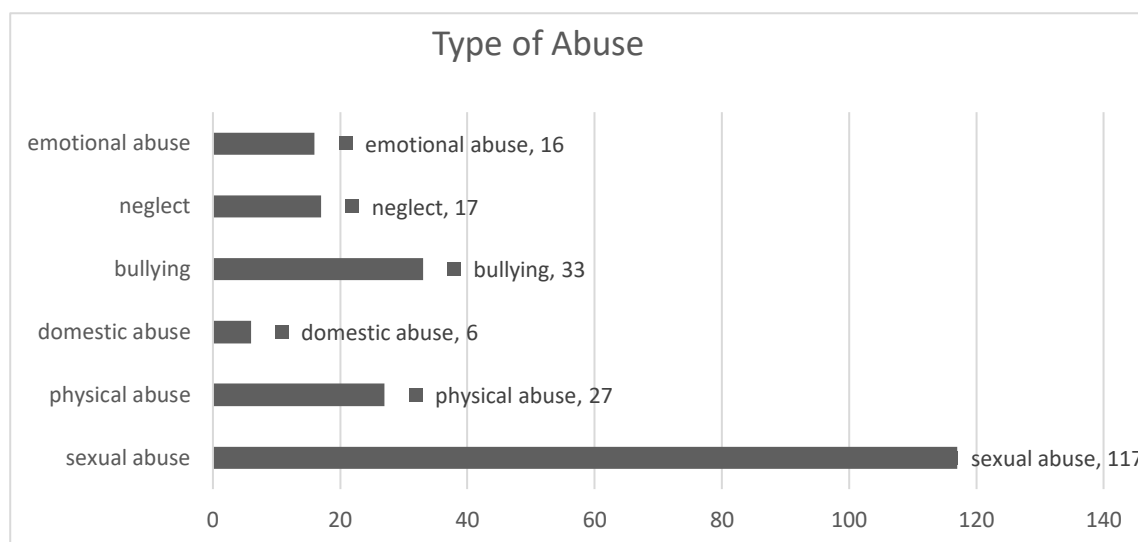
Chart 4.1: Age and gender



### **Types of abuse**

Of the 140 young people who took part, 138 identified as survivors of abuse. Two young people, both male, did not want to say if they were a survivor of abuse or not, but both said that they had been bullied. In the comments box they said, “I don’t want to say about abuse” (boy aged 14), and “abuse is about girls” (boy aged 15). The types of abuse young people had experienced were; 85% ( $n = 117$ ) identified as CSA survivors; 24% ( $n = 33$ ) had experienced bullying; 20% ( $n = 27$ ) had experienced physical abuse; 12% ( $n = 17$ ) had experienced neglect; 11% ( $n = 16$ ) had experienced emotional abuse and 4% ( $n = 6$ ) had experienced domestic abuse. See Chart 4.2 for details.

Chart 4.2: Types of abuse experienced



As the young people were free to mention more than one type of abuse that they had experienced, the numbers shown here are greater than the total number of young people consulted. We had expected there to be a high number of young people disclosing that they had experienced sexual abuse, as all the young people had involvement with 18u and 18u services are mainly aimed at sexual abuse survivors. We further analysed the data to look at whether age or gender had any significance in the type of abuse reported (See table 4.3).

### **Comparison of types of abuse in relation to age and gender**

An interesting pattern emerged when examining the ages of the young people in relation to the type of abuse they reported. All of the young people under the age of 12 reported being bullied, but as the ages increased, the reports of bullying reduced towards zero. Reports of physical abuse show a similar trend with a higher rate of reporting amongst younger people and the rate of reporting reducing with an increase in age. At the same time, the reports of CSA do the almost complete opposite, with no one under the age of 12 reporting CSA, but the percentages of young people reporting CSA increasing as the age of the young people rises.

Please note that the percentages do not add up to 100% as young people could report having experienced more than one type of abuse. The percentages are all worked out within each age group to show any differences within the age group.

Table 4.3: Breakdown of age and gender in relation to type of abuse experienced.

age	neglect	bullied	CSA	physical	emotional	domestic abuse	No. in category
< 12	0	3(100%) 1 male 2 female	0	0	0	0	3
12-15	0	18(38%) 10 male 8 female	35(74%) All female	15(32%) 6 male 9 female	0	0	47
16-18	6(13%) 3 male 3 female	10(22%) 2 male 8 female	40 (89%) 2 male 1 other 37 female	7 (16%) 3 male 4 female	2 (4%) female	0	45
19-21	2 (11%)	2 (11%)	15(79%) 2 male 13 female	3(16%) 1 male 2 female	2(11%) female	0	19
22-25	9 (39%) 2 male 7 female	0	23(100%) 4 male 19 female	2 (9%)	12 (52%) 2 male 10 female	4(17%)	23
25>	0	0	3 female (100%)	0	0	2(67%)	3
total	17(12%)	33(24%)	116(83%)	27(19%)	16(11%)	6(4%)	140
male	5(20%)	13(52%)	8(32%)	10(40%)	2(8%)	0	25
female	12(11%)	20(18%)	108(95%)	17(15%)	14(12%)	6(5%)	114
other			1				1

There could be several reasons for this pattern. Firstly, for people under the age of twelve, which is generally primary school age, bullying is a subject which they are likely to be familiar with due to how common it is (Hymel & Swearer, 2015). Even if being sexually abused, in my professional experience, younger children often do not have any knowledge or language of sexual abuse so are often unable to name it as CSA, or even know that it is wrong. As they get older, more experienced and learn about biology, they become more aware and knowledgeable (Parker, 2014) and can then often begin to realise what it is that is happening to them and be able to name it.

Secondly, it is possible that the older the young people become, the more able they feel to report CSA in a confidential study. Perhaps too, as they get older, bullying becomes less important, and disclosing CSA becomes a more important issue. Domestic violence, emotional abuse and neglect are absent too for the younger people, perhaps for the same reasons, with reports of neglect, emotional abuse and domestic violence growing exponentially as the ages of the young people increase. This could be due to a higher awareness of the meaning of the words, or it could be that the younger people do not identify at all with these types of abuse, or it could even be that these things are more likely to happen to older young people who are more likely to be forming relationships and partnerships. It is also a possibility that, as the young people become older, reach

puberty and become sexually active and more independent of parents and carers, that there is an increased risk of sexual abuse occurring through sexual exploitation, dating, social media and internet related abuse.

Although there were not as many people who identified as males taking part in this study compared to those who identified as female, there is an interesting gender difference in the type of abuse that they reported. A larger percentage of those who identified as females 95% ( $n = 108$ ) reported CSA, when compared to those who identified as males 32% ( $n = 8$ ). The males in this study reported a higher percentage of physical abuse 40% ( $n = 10$ ), bullying 52% ( $n = 12$ ) and neglect 20% ( $n = 5$ ) when compared to the female reports of physical abuse 15% ( $n = 15$ ), bullying 18% ( $n = 20$ ) and neglect 11% ( $n = 12$ ). In this study, no younger males reported CSA and the highest number who did report it were in the 22-25 age group which suggests that CSA is something that males may find difficult to report. Perhaps this is because CSA is often constructed as a female issue (Hooper & Warwick, 2006) which results in the marginalisation of male survivors' experiences. I will come back to this and address it further in the discussion chapter.

## **Gender**

There were 114 young people who identified as female, 25 who identified as male and one who did not identify as either gender. Young women were more prevalent in the study with 81% ( $n = 114$ ) of respondents identifying as female. This reflects the current genders of young people who use the services of 18u, with young women more likely to engage with the services than young men.

## **Location**

Eighteen And Under is based in Dundee, but such is the uniqueness of the services that it offers, that young people across the U.K. are able to access its services through phone, email, text and an online forum. Young people were asked to name the nearest town or city to them. Two percent ( $n = 3$ ) did not say where they came from but, of those who told us where they lived, 52% ( $n = 73$ ) were from Scotland; 42% ( $n = 59$ ) were from England and 4% ( $n = 5$ ) were from Wales. This shows that we were quite successful in reaching young people across the U.K.

Not surprisingly the highest number in Scotland came from Dundee as this is where the 18u Centre is based, but Glasgow, Edinburgh, Perth, Falkirk and Ayr were also named by the young people, reflecting how far reaching 18u support services are. In England, the highest number of young people came from Birmingham, but London, Liverpool, Nottingham and Southend on Sea were also named. Those from Wales were living in Swansea and Cardiff. These locations closely reflect where young people in contact with 18u during the research period were currently living.

### Communication methods used

There were several ways that young people could get involved to communicate their views about confidentiality for this research.

Chart 4.3: Communication methods used by young people

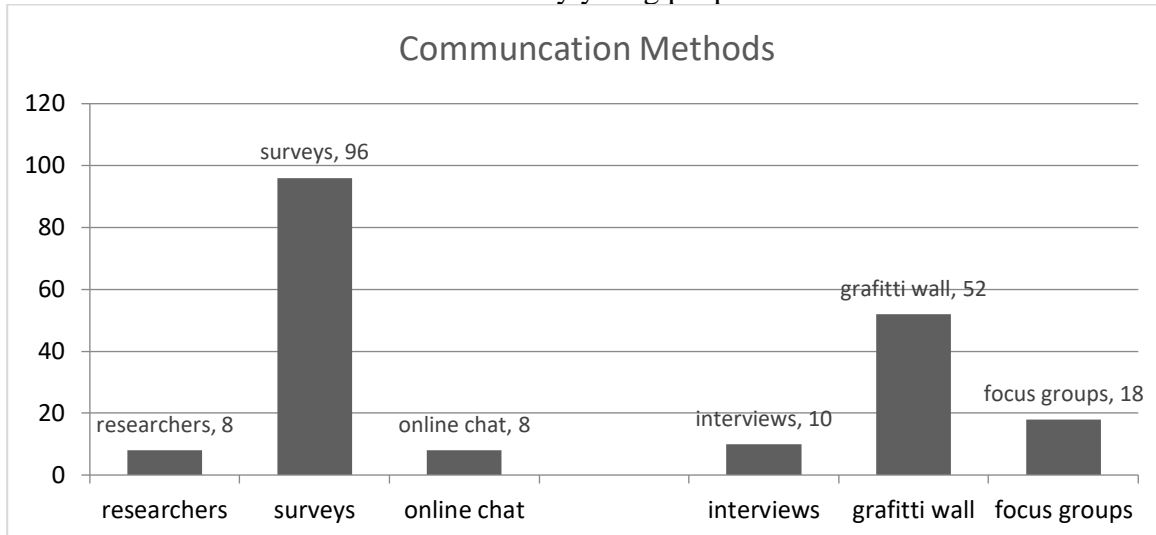


Chart 4.3 shows the different methods and the numbers involved in using each method. More people used the surveys than any other method though the graffiti wall was popular too. Table 4.4 in Appendix seven shows further details and a breakdown of the numbers, percentages, gender and ages of all the young people involved in each method of data collection. I have not included the graffiti wall as there is no way of knowing the ages of the young people who contributed their views or how many contributed. There were however 16 comments from the male toilet and 36 comments from the female toilet on the graffiti walls.

The ways of communicating took different forms. The different ways that young people communicated was through text, email, chat, messenger and forums as well as other methods including social media and the Internet. The young people used graphics, songs, videos, photos and Internet links to share their thoughts and feelings about the subjects we were discussing. For example, when talking about being abused and the silence that had to be maintained at the time, one 16-year old girl sent the following link to explain more clearly how she was feeling. After watching the video and listening to the song and its lyrics, we were able to ask the girl further questions to try and understand more fully what she was trying to convey to us.

<https://www.youtube.com/watch?v=GMhRrSvmgeU>

Another young person, aged 14, sent this link to explain how she felt about her father not listening to her and not noticing the abuse and hurt that she was experiencing. It turned out to be a very

powerful and thought-provoking way of communicating with us with the video, lyrics of the song and intense music combining to convey so much more than any mere words ever could.

<https://www.youtube.com/watch?v=1y6smkh6c-0> Yet another young person, aged 14, who was feeling very depressed as a result of his recent traumatic experiences sent the following links.

[https://www.youtube.com/watch?v=YuDh\\_gHDvkk](https://www.youtube.com/watch?v=YuDh_gHDvkk)

[https://www.youtube.com/watch?v=\\_Jtpf8N5IDE](https://www.youtube.com/watch?v=_Jtpf8N5IDE)

In addition to links, videos and songs, the use of text talk, Emoji and other symbols could turn a simple conversation into something that made it really difficult to understand, and I would have to ask a great many questions of the young people to really understand what exactly was being conveyed in the conversation. The young researchers did not have the same difficulties as myself in understanding this way of talking and they were able to discuss and translate much more easily than myself.

### **Young people's definitions of confidentiality**

The young people were asked to define for themselves what confidentiality was and what it meant to them. Their definitions clearly laid out that they believed confidentiality to mean that no information about them should be shared with others when they confided in someone confidentiality. The main difference in how it was defined by the different age groups was in terms of the language used to describe it, with the under 16 year olds using more direct and simple language to describe it such as, "complete privacy"; "a secret you don't ever share"; "silence and secrets"; and "confidentiality would mean that information is not shared about me with anyone without my consent". The 16-18 age group defined confidentiality as, "absolute privacy and a total guarantee that no one else outside will know what's been said by me"; "completely private between those who the information is disclosed to"; and "not sharing my information without my permission". The 19-24 age group definitions were more elaborate but the same meaning was conveyed in the statements included:

"confidentiality to me means that when I share something, it will not be disclosed to anyone else under any circumstances"

"Completely private between those who the information is disclosed to"

"I would want absolute confidentiality whereby what I shared or said stayed between me and the other person unless I gave permission"

Words like private, secret, absolute and total were repeatedly used to convey the importance of nothing being shared with others when confiding in another person.

Though most of the young people spoke about the importance of confidentiality being total and absolute secrets, and private information that was not to be shared, for some of the young people, there were exceptions stated that allowed for a definition of almost totally confidential rather than total confidentiality. These exceptions to complete confidentiality revolved around situation when there might be immediate danger to other people or a child. For example:

“the only exceptions I would see to this are concerning current and severe risk to any person under 18”

“confidentiality should be breached in extreme circumstances such as if it were told that someone was in extreme and immediate danger.”

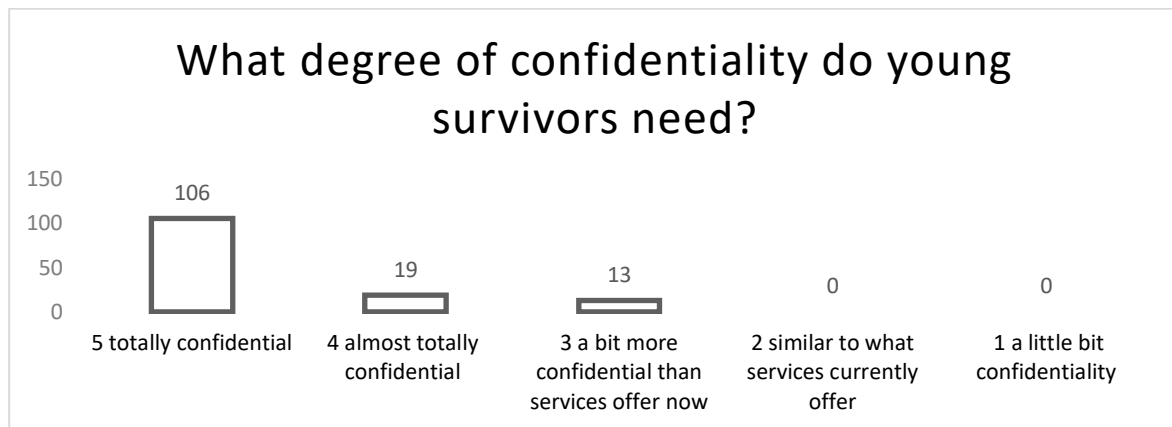
These situation, according to the young survivors, were situations when it might be appropriate for some information to be shared with others though, even in these situations, young survivors stated that their own personal information should still be kept confidential. This will be explored in further detail later in this chapter.

### **What degree of confidentiality of services do young survivors need?**

The young people were asked what degree of confidentiality young survivors of sexual abuse needed. Everyone consulted believed that young survivors, including those under the age of 16, should be able to access fully confidential services. The young people were asked to grade how confidential services for young survivors should be, using a Likert scale from one to five, with one being a little bit confidentiality and five being total confidentiality. All of those consulted thought that a higher degree of confidentiality than services currently offer was needed; 77% ( $n = 106$ ) of the young people thought total confidentiality was needed; 14% ( $n = 19$ ) thought almost total confidentiality was needed and 9% ( $n = 13$ ) just thought a bit more confidentiality than they currently get from services such as sexual health services.

“You can talk about having sex to them but daren’t say anything about abuse or they get social work onto you.” (girl aged 15.)

Chart 4.4: Degree of confidentiality needed by young survivors



When the data were cross-referenced (see table 4.5 below) to see if there was a difference in opinion between young people of different ages or genders, there seemed to be a difference of opinion between people of different ages. 90% ( $n = 45$ ) of young people under 16; 84% ( $n = 38$ ) of those 16-18 and 58% ( $n = 11$ ) stated that they thought absolute confidentiality was needed. While, as stated earlier in this chapter, young people who are under 12 (primary school age) might not understand exactly what constituted CSA, this does not mean that they do not understand the meaning of confidentiality. Confidentiality was defined by younger people as “silence and secrets” and there is every reason to believe that this was understood by them. Also, as only three participants in the study were under 12, there is little impact on the quality or robustness of the data presented here as this only constitutes 6.7% of those under age sixteen.

The older people got, the less insistence there was on total confidentiality. There also seemed to be some difference between the opinions for those who identified as male and those who identified as females, with males appearing to want a higher degree of confidentiality, though the numbers of males involved in the research was low compared to females. There are several possible reasons why young men might want a higher degree of confidentiality and be less likely to use support services. This includes fears of being thought to be a homosexual (Alaggia & Kirshenbaum, 2005), services gendered towards women (Nelson, 2009) and CSA constructed as a female issue (Hooper et al., 2006).



Table 4.5: Breakdown of age and gender in relation to views on confidentiality

Age	Bit more confidential than current	Almost total	Total confidentiality	Totals
<16	1 (2%) female	4 (8%) female	45 (90%) 10 males	50
16-18	2 (4%) female	5 (12%) female	38 (84%) 10 males 1 other	45
19-21	3 (16%) female	5 (26%) female	11 (58%) 3 males	19
22-25	4 (17%) female	6 (26%) 1 male	13 (57%) 1 male	23
25>	3 (100%)	0	0	3
Male	0	1 (4%)	24 (96%)	25
Female	13 (9%)	19 (17%)	82 (72%)	114
Other			1	1

It is perhaps not surprising that abuse survivors under 16's valued confidentiality more than older young people given that, due to being under the age of 16, they are less likely to get confidential services where they can openly talk about abuse. To my knowledge it is only Childline, Samaritans and 18u that give a high degree of confidentiality to under 16's.

“Knowing it was kept private allowed me to tell about abuse”, (girl aged 14).

It seemed that the older the young people got, the less important total confidentiality became. It could be that as they got older they were more likely to be confident about the level of confidentiality they would receive, or it could be that being older meant that they could think of more reasons why someone should not receive total confidentiality: “Where there is obvious suicidal or self-harm intent” (girl aged 23).

### **Importance of issues to be able to talk about personal problems**

Young people who took part in the survey were asked what would make it easier for them to talk to someone else about very personal things. They were given a list of 10 possible issues and asked to grade each of them in order of importance, with number one being the most important issue for them, number two being the next most important issue for them and so on. They could also leave a comment about it if they wanted to in the comments box to explain their answers further. Sixty-eight young people answered this question fully and the table below shows the results. Of those who answered this question, fifty-three identified as female and fifteen identified as male. The age range was between 12 and 25, but it was not possible to break down the ages any further in relation to the question due to the way the question was constructed, or explore any differences between genders.

The young people ranked the two most important things that would make it easier to talk about something very personal to them was trust that their information would be kept confidential, and the

person knowing that privacy was extremely important to them. This was consistent with other findings in this study, with young people repeatedly saying that they wanted a high degree of confidentiality so they could trust someone enough to talk about personal things with them. Being believed, listened to and not judged were the next most important things to the young people and these too were common and repeated themes with young people who had been abused. Young people also seemed to value the lived experience of people who have experiences in common with them. This is perhaps particularly important for survivors of CSA.

Table 4.6: Ranking of most importance issues to be able to talk about personal problems. (Score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts.)

<b>What would make it easier for you to talk to someone else about very personal problems? Put these in order of importance, with number 1 being the most important to you, 2 being the second most important, and so on.</b>		
<b>Item</b>	<b>Total Score</b>	<b>Overall Rank</b>
Trusting the person not to tell anyone else.	615	1
The person knowing that your privacy is extremely important.	580	2
Knowing the person will not judge you.	486	3
The person believing you.	467	4
Knowing that the person will really listen to what you have to say.	337	5
Knowing that the person has personal experience of what you need to talk about.	325	6
The person being available outside office hours.	283	7
Knowing that the person will be there for you long term	269	8
Knowing a little about the person, name, gender etc.	238	9
Believing the person will get help for you.	140	10

Less important to them was the availability of help, how long it would be available and personal knowledge about the person. In fact, they seemed less interested in the other person and more interested in what the person could provide for them in the shape of confidentiality and general respect. The thing that was least important to the young people was the belief that the person would get help for them. I found this interesting, as one of the things I have frequently heard professionals say, when they break a young person's confidentiality, is that young people talk about abuse so that they can get help. Perhaps this is not the case. Possibly they start to talk believing that the person can be trusted and will keep confidential and then find that the person breaks their confidentiality. This is certainly what some ( $n = 44$ ) of the young people spoke about in this study. This is addressed later in this chapter.

Some of the young people left comments to explain their feelings further but confidentiality and trust were still being mentioned as important by them:

“When looking for support myself I wanted to make sure I could trust the person 100% and knew a little about the person which made it easier to talk to that person.” (girl aged 19).

“Person being honest even about hard things.” (boy aged 18).

“The person not writing it all down. If it's wrote down people might be able to read it.” (girl aged 15).

“A relationship is important. Meeting with someone regularly to help show they're not going to do anything bad or tell my secrets and for it to be the same gender. Personally, I trust women so much easier than guys. In fact, I don't really trust any guys and if I've ever had a guy worker like in the last project I lived in I asked to be changed to a woman.” (girl aged 15).

### **Most important qualities needed for young people to trust**

This was an open-ended question so that young people could give their own reasons without any influence and, of those who answered it, the majority said confidentiality was the most important thing that they needed. Many who said trust was the most important, linked it to trusting that the person that they spoke to, would keep confidential. “Knowing I could trust them with what I had to

say” (girl age 15). There had to be trust in how confidential a service would be before a young person would talk and this was difficult for some young people to believe possible:

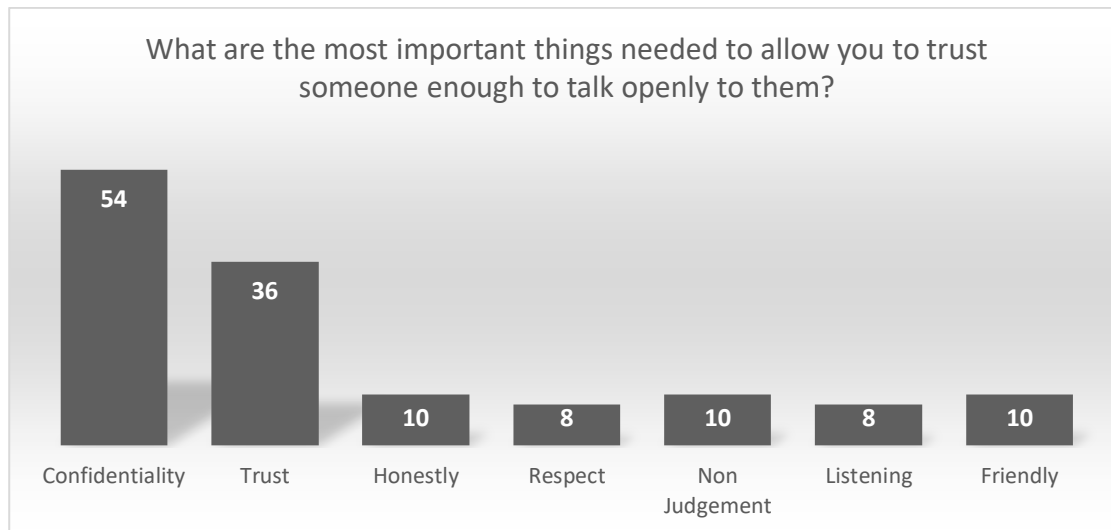
“There is always some things that are not kept confidential. People gain trust and then break it and don’t care that they have” (girl aged 14).

“To be able to have someone who will truly listen that will not go running and telling social care/ police and so on. Without this I wouldn't feel safe talking and will be left feeling very alone, isolated and living in fear. This (confidentiality) gives me time to explore my own feelings and figure out things my own way. I'm in care so I have no control over my life so having some control over what I'm able to say is important to me” (girl age 16).

The quote from the 16-year old gives clear insight into the many reasons that she wanted and needed confidentiality as she mentioned being isolated and living in fear without it. Being in care seemed to have led to her feeling that she has no control over her life and therefore needed to have control over something. She also mentioned some of the themes that I will discuss later in this chapter, such as time to explore feelings, exploring options and being in control of your life. In contrast to this is the short quote from the 15-year old girl who just knew and accepted that she can trust in confidentiality. This is interesting when compared with the 14-year old girl who has obviously had her trust broken at some time, and was very sceptical about confidentiality. The 14-year old was dismissive of confidentiality, believing that people deliberately gain trust in order to break it and, furthermore, these people having no remorse about what they have done. This young person will not be easily persuaded to trust anyone in the future in my opinion.

The other qualities that were mentioned by the young people as important were honesty, respect and non-judgement. The fact that this was mentioned at all implies that they have experienced the opposite to this. As one young person said, “Lack of judgement, not like anyone in health” (girl aged 18). They also wanted someone to be friendly and a good listener. It seems clear that young people want to talk about abuse without judgement and fear of their confidentiality and trust being broken. These are all similar to the themes that were identified in my literature review.

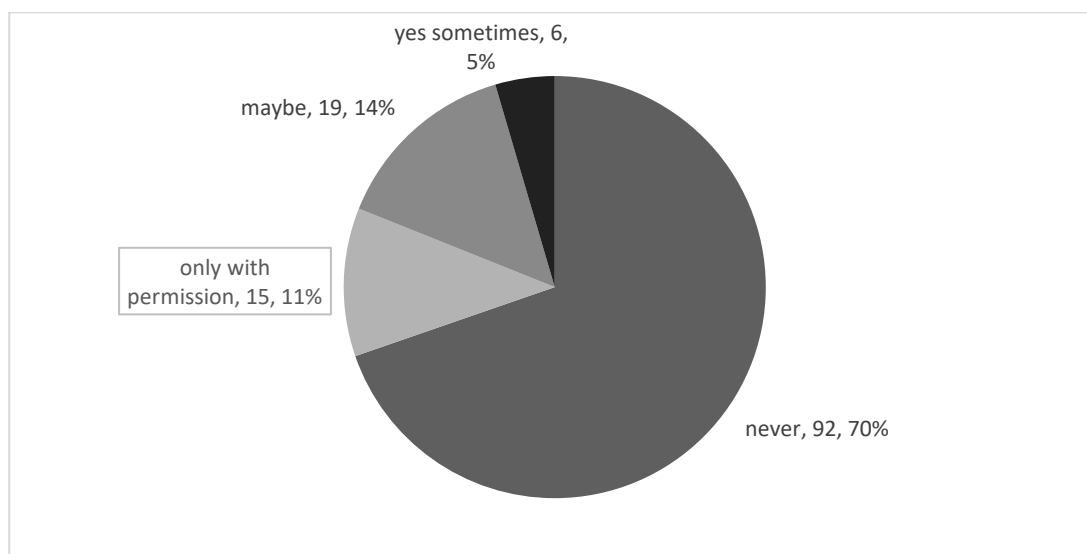
Chart 4.5: Most important qualities needed to allow for trust.



### Should confidentiality ever be broken?

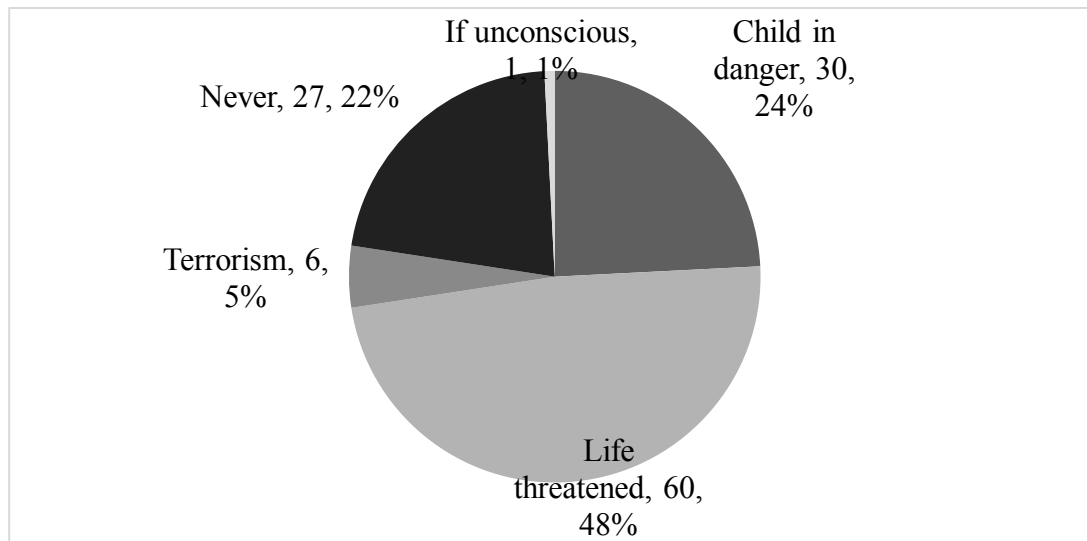
The young people were asked if they thought that confidentiality should ever be broken and 81% ( $n = 107$ ) said either it should never be broken (70%,  $n = 92$ ), or it should only ever be broken with their permission (11%,  $n = 15$ ). Some of the young people, 14% ( $n = 19$ ) thought that there maybe were some situations when there might be a need for confidentiality to be broken to some degree. Many of them (8%,  $n = 11$ ) qualified this by adding that if there was a need to breach confidentiality for someone else's safety, it did not mean that everything about the person themselves needed to be shared. 5% ( $n = 6$ ) thought that yes sometimes it should be broken.

Chart 4.6: Should confidentiality ever be broken?



When asked in open-ended questions under what circumstance should confidentiality ever be broken, there were several reasons given for when young people thought it might be necessary. These reasons fell into two main categories of life threatening situations and a child in danger. Life threatening situations included imminent suicide, extreme danger and the danger of being killed. Child in danger included the use of words like immediate and serious danger of harm to a young child, or a child who could not access help for themselves.

Chart 4.7: When should confidentiality be broken?



Forty-eight percent ( $n = 60$ ) thought that confidentiality should only be broken if the situation was life threatening; 24% ( $n = 30$ ) thought it should only be if a child was in danger and 5% ( $n = 6$ ) thought that only if terrorism was involved. 22% ( $n = 27$ ) said that it should never be broken under any circumstances. One young person thought it should be broken only if they were unconscious. Many young people also qualified what they were saying by saying that although confidentiality should maybe be broken to safeguard someone at risk of serious harm, it should not be broken completely and personal information about them should not be shared:

“Situations where I’m a danger to others. i.e. I say I’m going to hurt a child or some such then you should tell someone. Anything about me personally you shouldn’t” (girl aged 17).

“Being physically and sexually hurt I don’t think should be shared but if it was life threatening then yes” (girl aged 16).

“I think that my story is my business and I would never want someone to take it further, that’s why a lot of people are scared to speak up because they fear they would lose

control of the situation. If I was to tell someone something that caused them to be concerned I would hope they would encourage me to take it further instead of the decision being made for me” (girl aged 17).

“Maybe if a younger child is getting hurt then that can be shared but not personal or private stuff” (girl aged 15).

“If they're life is at immediate risk. I don't think you should break it if it's just a maybe at risk or could lead to being at risk but if someone's going to kill them or they've been seriously injured I think that is when you should break it” (girl aged 20).

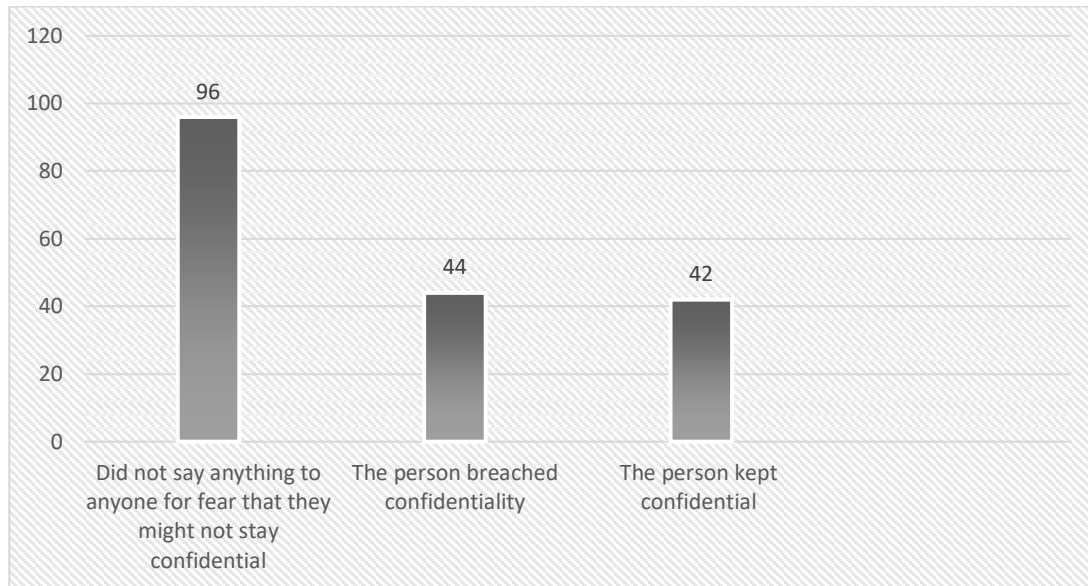
While 78% ( $n = 97$ ) of these young people were clearly stating that they accept that there are situations where they would accept, and even want confidentiality to be broken, it would only be acceptable to prevent serious life-threatening harm to someone else. Confidentiality of their private and personal information is clearly very important to them. For 22% ( $n = 27$ ) of the young people, which is one in five of those consulted, confidentiality was thought by them to be so important that they believed that there should be no situation at all when it should ever be broken.

### **Confidential or not?**

The young researchers and I asked the young people about their experiences of needing to talk to someone about something really important that was worrying them (Chart 4.8). Young people could give several answers to this question based on having had several different experiences in life. The results therefore do not add up to 100%. One hundred and forty young people responded to the question. Sixty-nine percent ( $n = 96$ ) said that they preferred to say nothing to anyone for fear that the person might not keep what they said confidential; 31% ( $n = 44$ ) said that they had experience of sharing something with someone who had then shared the information with others and breached their confidentiality, and 30% ( $n = 42$ ) shared that they had been able to talk with someone with complete confidentiality. Forty of the young people who had the experience of having confidentiality kept, referred to their experience of using the services of 18u. The question was open ended and some of the young people had experience of all three (hence the numbers do not add up to the total number of young people involved in the study) and were able to give examples of how they were affected by their personal experiences. The young people who shared about talking to someone about abuse and then having the person breach their confidentiality, all had very negative experiences because of this. The themes were similar to those of the young people who did not say

anything to anyone for fear of losing confidentiality. I will discuss these themes in greater detail in the themes section still to come.

Chart 4.8: Experience of needing to talk about something important



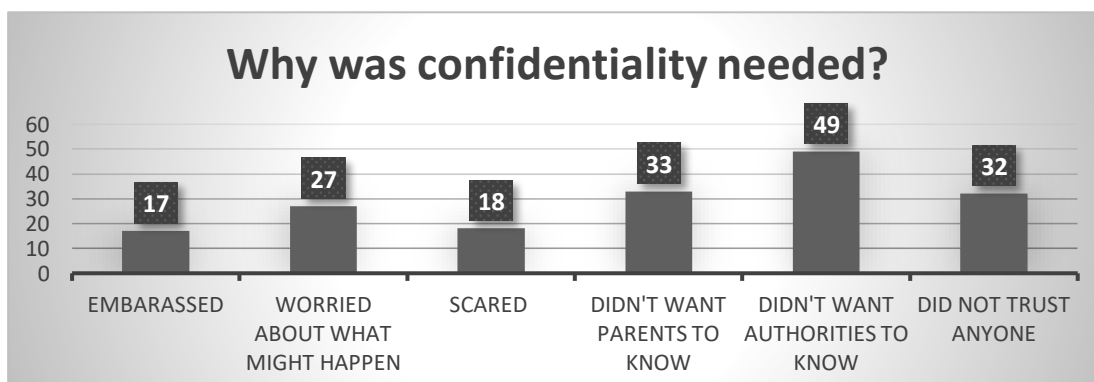
### Why did you need confidentiality?

The young researchers assisting with the data gathering and I asked the young people why it was that they needed confidentiality and the reasons given most often, were that they did not want the authorities to know ( $n = 49$ ); did not want their parents to know ( $n = 33$ ); didn't trust anyone ( $n = 32$ ) and were worried about what might happen ( $n = 27$ ) if their secret was to get out. Feelings of being scared ( $n = 18$ ) and embarrassed ( $n = 17$ ) were also mentioned. More than one answer could be given therefore the numbers do not add up to the total number of participants. The need for confidentiality for young survivors will be analysed further in the themes section of this chapter:

“I didn't want the person involved to get into trouble” (girl aged 16).

“I didn't want people to hate me as much as I hated myself” (girl aged 18).

Chart 4.9: Why was confidentiality needed?





## Emergent themes

As we analysed the data, we coded and then sorted themes under two main headings. These were, young people's views and experience of limited confidentiality and young people's views and experience of high confidentiality. I will address each in turn. The following tables set out the themes and the numbers of young people who mentioned each theme. I will take each in turn and explain further following the table.

Table 4.7: Themes for young people with experience of limited confidentiality. Young people could give more than one answer therefore totals do not add up and percentages are out of the total number of young people ( $n = 140$ ).

Theme	Said nothing for fear it might not stay confidential	Had confidentiality broken
fear of consequences	114 (81%)	50 (35.7%)
info sharing/privacy loss	30 (21%)	26 (17.5%)
lost control	24 (17%)	12 (8.5%)
lost trust/no trust	7 (5%)	22 (15.7%)
retracted	9 (6%)	8 (5.7%)
lies	8 (5.7%)	7 (5%)
Protecting the abuser	10 (7%)	8 (5.7%)

## Views and experience of young people about limited confidentiality.

### Fear of consequences

For those young people who did not say anything for fear that it might not be kept confidential there was a very high number ( $n = 114$ ) who feared the consequences of talking about abuse. Some of this fear was based on their lived experiences:

“School teachers/head of years got social services involved and my parents lied and stuff got worse and I couldn't tell anyone because everyone thought I made it up” (girl aged 14).

Loss of privacy also led to further risk for some young people:

“it got back to my parents and they were the problem” (boy aged 15).

“It was used against me. Now other people also know and I can't defend myself against this person in case they tell anyone else” (girl aged 16).

These young people knew from negative experiences not to tell anyone about abuse:

For the young people who had had their confidentiality breached, fear of what might happen to them was also a real deterrent to them ( $n = 66$ ) speaking.

“The fear of finally being able to open up to someone and you ending up in a worse position is scary. You feel like you've lost all control for the situation” (girl aged 17).

The young people expressed concerns about saying too much for example:

“I didn't tell anyone about the things that went on because I was scared of the process and I wasn't sure about what would happen to me and who would be informed after I let my big secret out” (girl aged 18).

And

“I didn't want to risk saying too much” (Boy aged 16).

Unfortunately, the fear of things getting worse should things come out was quite justified:

“My personal experience of people and agencies sharing information was a disaster as everyone found out stuff I didn't want known. When they share information, it goes too far and gets out of hand, damaging people and relationships. This has a serious effect on young people. It did me” (girl aged 15).

“Childline called the police on me for overdosing and I was treated like I'd done something criminal” (girl age 19).

“I ended up in a mental health hospital” (girl aged 16).

The main difference between the young people who did not say anything for fear of losing confidentiality ( $n = 114$ ) and those who had had their confidentiality broken ( $n = 50$ ) was experience. Those who had already experienced negative consequences through talking to someone who then shared information about them, were experienced enough to know not to talk again:

“They told my mum everything I told them and I found that was worse. I know now not to tell” (girl aged 15).

Silence for fear of a break of their confidentiality for some of these young people clearly came from lived experience of their information being shared on a previous occasion. For these young people, they would rather not talk, even while suffering from abuse, than trust agencies to help them effectively.

### **Information sharing & loss of privacy**

All of the young people in the study expressed strong views about the whole process of agencies and workers sharing information about them as soon as the workers perceived there to be a risk, sometimes without informing the young person:

“They don’t even tell you what they mean by risk. I mean what does that word even mean if nothing has happened? (girl aged 18).

“They said they would break confidentiality if I or someone else was "at risk" but they didn't define what this meant” (girl aged 15).

Even agencies that young people thought they could talk to and get a confidential service could not be trusted by them:

“Police were called to my house after speaking to Childline at 2am in the morning” (girl aged 13).

The loss of privacy was of serious concern for some young people ( $n = 56$ ):

“They shared my personal stuff with everyone except us. They had meetings and we never knew. How is that right? My Head of Year was waiting in school for me and knew things I hadn’t told her” (girl aged 15).

Similar views were expressed in both categories of young people, with young people who would not talk to anyone for fear of losing confidentiality ( $n = 30$ ) and those who had already had their confidentiality broken ( $n = 26$ ) talking about a loss of their privacy and this seemed particularly the case for young people in care ( $n = 6$ ):

“In various places I grew up, all information had to be logged in a book and things were passed onto staff on different shifts. I would never have spoken to anyone in this

environment for that reason as more than 15 staff members could access that information in my file or be told by other staff” (girl aged 16).

“School, councillors, health, social work all took over my life. I got so depressed and had no privacy so I learned to stop talking to any of them” (girl aged 16). “They shared all my personal stuff with everyone” (girl aged 17).

The sharing of information seemed to go far wider than was necessary according to the young people:

“you can’t tell them anything because they write it down and share it with everyone without even asking you. I went back into school and the teachers all knew. They looked at me different and stopped talking the same to me. Then a couple of weeks later one of the girls in my class asked me if it was true. Nothing is private” (girl aged 13).

### **Disempowered/lost control**

There was also an issue for young people who felt they were being disempowered, losing control of their lives and not being listened to or believed:

“I hate the way they have meetings and talk about you. I don’t understand what they are saying. They use letters like TFC and ILP and I don’t know what it means and they use words I don’t know. It’s easier not to go. They decide for me anyway so what’s the point?” (girl aged 15).

“It’s like they have made up their minds and nothing I say is listened to or believed. They have wrote it down somewhere in those papers they have and because its wrote down then it’s what they think” (girl aged 13).

Young people who would not talk for fear of losing confidentiality ( $n = 24$ ) expressed similar views to young people who had had their confidentiality broken ( $n = 12$ ), though those who had had their confidentiality broken seemed to express their views more angrily than the other group, perhaps due to it still being quite raw for them:

“You feel like you've lost all control for the situation just like when you get abused” (girl aged 17).

“You feel like you've lost all control of your own life” (girl aged 17).

“Things should be my choice. It's my life, so why should someone else be able to decide what happens with the things I tell them. I'm telling them, so I should decide, I think” (girl aged 14).

### **Silence/lost trust**

When young people shared their views about their experience with agencies or workers who claimed to offer them a confidential service, some of them ( $n = 29$ ) made it quite clear that they did not believe that anyone at all offered a confidential service to young people:

“Would not tell anyone nothing. I know from experience what happens when you say anything. Better to stay stum” (boy aged 15).

“No one 2 trust” (boy aged 14).

“I know not to tell things” (girl aged 15).

These young people made it quite clear that they would not risk talking to any adults at all, either because they did not trust anyone, or because they were unsure of what they could say in confidence. The views of other young people made it quite clear that there was some confusion about the parameters of confidentiality:

“Most services offer confidentiality but do not made it clear what they mean by this” (girl aged 16).

This left many young people uncertain about the terms of confidentiality and sometimes had them saying more than they really wanted to in the belief that the person they were talking to would keep their information confidential:

“.....not one of the services I spoke to had their policy clearly displayed, not all were written for all ages and abilities to understand, and they all have different views on what they class as danger. If all these services have different meanings to confidentiality and what danger really means then how are we young people supposed to know ourselves?” (girl aged 17).

Some ( $n = 29$ ) of the young people had completely lost all trust in adults and had learned from experience not to tell others anything about what was going on for them:

“...it made me trust people less and almost tore my family apart” (girl aged 16).

“I ended up in care and that's worse than where I was before” (boy aged 15).

Some young people choose silence rather than take the risk of anything getting out:

“you never know how much it's safe to say so it's best to say nothing” (girl aged 14).

For others, they had learned through the experience of having their confidentiality broken that it is often better to stay silent:

“I thought I could say stuff to the doctor but when I said something about it he called my parents so I never said any more” (girl aged 15).

This is particularly the case with trying to talk about abuse:

“the minute you mention the word abuse confidential goes right out of the windows, whether we like it or not” (girl aged 18).

“School guidance councillors are partially confidential, they keep some things to their self but some things they will not like if you talk about abuse” (girl aged 15).

“You can't ever talk about being abused. I know that much” (girl aged 14).

The group of young people ( $n = 22$ ) who had had their confidentiality broken spoke a lot more about loss of trust in adults and agencies than the group of young people who did not say anything for fear of their confidentiality being broken ( $n = 7$ ). This is not surprising really given as they had trusted in someone and then had their trust in the person destroyed:

“You can't say anything or it gets back to social workers it gets wrote down and used against you” (boy aged 15)

“You can't trust most people and especially not police, social work or teachers” (girl aged 14).

“I told my friend and my friend told the school and then the school told social services, then social workers got involved with my parents, and it was just awful” (girl aged 15).

The other group of young people tended not to trust anyone in the first place:

“There is no one you can trust anywhere” (boy aged 15).

### **Retraction**

Some young people who said nothing for fear of losing confidentiality ( $n = 9$ ) and young people who had had their confidentiality broken ( $n = 8$ ) spoke about retracting what they had previously said about being abused. Sometimes, when workers in agencies or individuals perceived a risk of abuse from something that a young person had shared with them and started to share information with others, the young person retracted what they had said:

“...I ended up saying that I had made it all up” (girl aged 15). “I couldn't handle it anymore and took it all back” (girl aged 17).

This can cast doubt on what the young person has said, alert the abuser, leave the young person open to further abuse and make it harder for them to be believed should they try and tell again later. Sometimes, it was the pressure of the subsequent investigation that led them to retract:

“The police wouldn't leave me alone. They said he had abused another girl so I had to tell them everything. I couldn't do it. I was cracking up so I just said it was all lies” (girl aged 17).

“Everything got out of control so I just took it all back” (girl aged 17).

“They wouldn't stop asking questions about it. I just couldn't take it any more so I lied and said it never happened” (girl aged 18).

“I started to tell a teacher some stuff and next thing I knew everything kicked off, my parents were called, the police were called and the whole thing got out of hand. I had enough of it and couldn’t do it no more” (girl aged 16).

## **Lies**

Some young people who said nothing for fear of losing confidentiality ( $n = 8$ ) and some who had had their confidentiality broken ( $n = 7$ ) simply thought that workers were lying to them. Several ( $n = 3$ ) believed that they lied about why they shared information:

“They just make it up and lie” (boy aged 25).

“My social worker says everyone talks about me to keep me safe but I am safe where I live so why are they still talking about me? It’s not to keep **me** safe at all is it? It can’t be if I am already safe can it? So why do they do it?” (girl aged 15).

Some of the young people ( $n = 8$ ) believed that adults deliberately deceive them by telling lies about trust and confidentiality:

“I am fed up of being lied to and people treating me like I am stupid and don’t know then lie more and it’s starting to make me hate people” (girl aged 14).

“They all lie to try and get you to say things then when you do they tell everyone” (boy aged 14).

“They said they were confidential then told on me” (girl aged 15).

Some young people believed they has been told lies ( $n = 7$ ) to trick them into talking:

“When I first told of what was happening it was to an adult which I was close to but not a professional and she lied and went straight to the police without my permission” (girl aged 16).

## **Protecting the abuser**

The other important theme that emerged from the study was the theme of protecting the abuser. The group of young people who said nothing for fear of losing confidentiality ( $n = 10$ ) and the group of



young people who had had their confidentiality broken ( $n = 8$ ) spoke about some of the reasons for this. Not wanting the abuser punished was one reason given by some young people ( $n = 3$ ):

“...did not want the person involved to get in trouble”, (girl aged 16).

“I don’t want him in jail” (girl aged 16).

A further, and perhaps related reason given by other young people ( $n = 7$ ) was loving the abuser:

“I know what he did was wrong but I love him” (girl aged 17).

“It doesn’t matter what he did to me, I love him” (girl aged 14).

“Everyone says it’s wrong because he is 28 and I’m 14 but I love him and I know he loves me too” (girl aged 14).

Some young people ( $n = 3$ ) just wanted to move on and forget all about the abuse:

“I want nothing more to do with him. I need to put it behind me” (girl aged 19).

Some felt in some way to blame for what had happened to them ( $n = 2$ ):

“It was partly my fault so why should he get punished?” (girl aged 16).

## Views and experiences of young people about high confidentiality

Table 4.8: Themes for young people with high confidentiality

<b><u>Theme</u></b>	<b><u>Kept confidential for the young people</u></b>
able to openly talk/tell about abuse	30 (71.4%)
trust & confidence building	20 (47.6%)
stay in control/Empowered	14 (33%)
time to think	10 (23.8%)
explore options	12 (28.5%)
get abuse stopped	10 (23.8%)
respect	6 (14.2%)
reduced isolation	5 (11.9%)

Only 42 young people responded to this question and they could give more than one answer therefore percentages do not add up to 100.

The themes were different (when compared with the previous table) for the young people who were able to talk freely knowing that their confidentiality would be maintained. When the young people spoke about their need for confidentiality they spoke about the need for more transparency and openness:

“I myself never felt in control of anything in my life when I was abused so knowing I was in complete control over what I talked about was extremely important” (girl aged 16).

“I didn’t believe it at first so I tested and I kept all my stuff private and I really needed that” (girl aged 14).

“this confidentiality stuff needs to be made more clear by everyone and every service” (girl aged 17).

“...it needs to be shown clearly and not hidden nor needed to be asked for” (girl aged 15).

“Most sites you have to go looking for it, and most places you have to ask about it” (girl aged 15).

“Most services offer confidentiality but do not make it clear what they mean by this” (girl aged 14).

Young people needed to know the parameters before they could begin to build trust in a service:

“Trust is the key issue for a survivor because they have been so badly betrayed by all the adults who were supposed to protect and take care of them” (girl aged 18).

Until they knew for sure that they could have a confidential service, they could not talk about abuse:

“I felt safe because it was going to be kept a secret so I was able to talk” (girl aged 15).

During data analysis, we grouped the data into four main themes, though there was some overlap between the themes. The themes were, talking openly (this included trust and confidence building and reduced isolation), control (and empowerment), time (to explore options and feelings and explore ways to end abuse) and respect. I will take each theme in turn.

### **Talking openly**

Being able to talk openly, and trust that what they had said would still be owned by the young people was an important theme. Many of the young people ( $n = 30$ ) spoke about not being able to say anything for fear of what might happen to them, the abuser, their family or to their personal information. Being able to talk openly made a difference to them:

“Knowing it was kept private allowed me to tell about abuse” (girl aged 14).

“It was such a relief being able to talk about it at last” (girl aged 15).

“Knowing a service is confidential would make a lot more young people speak truthfully about what's happening and therefore receive the best support and help they need” (girl aged 15).

“...many young people wouldn't speak to anyone at all and therefore go without support” (girl aged 16).

For many, the importance of being able talk openly allowed the young person to get help and support and for others the importance was not letting the pressure build:

“...well it's good to let it out and not build the emotions inside” (girl aged 18).

Some ( $n = 5$ ) saw it as reducing isolation:

“...complete confidentiality is needed because more people would open up about their abuse and with someone to talk to they wouldn't feel so alone” (girl aged 16).

“...just trusting someone to hold my story with me for a while” (girl aged 16).

Others ( $n = 10$ ) saw it as young people being able to build trust in order to be able to be honest about what was going on for them:

“I think young people should have a confidential service so that they can feel a sense of trust and feel more comfortable and honest when opening up about difficult things” (girl aged 17).

“Being able to trust someone, being able to open up” (boy aged 16).

Talking openly about a problem could also lead to young people working things out for themselves:

“...by talking can sort out their own feelings in their head” (girl aged 17).

For some young people building trust ( $n = 10$ ) and growing confidence ( $n = 10$ ) in the fact that their confidentiality will be maintained was vital to the process of talking about abuse:

“It was such a relief to be able to talk openly but it took me a long time to trust (girl aged 17).

“When looking for support myself I wanted to make sure I could trust the person 100% and knew a little about the person which made it easier to talk” (girl aged 18).

“I now trust and I know that if there is anything I want to disclose, I will be listened to, believed and what I say will be kept confidential. This is important to me” (girl aged 20).

## Control

Young people in the study talked a lot about their need and desire to stay in control of their own life ( $n = 14$ ). They needed confidentiality to have that control otherwise they would remain silent:

“My private business is my own. It’s my life not theirs” (girl aged 14).

Some ( $n = 6$ ) spoke about their personal experience of having no control over their own life and therefore needing control over what they say:

“I’m in care so I have no control over my life so having some control over what I’m able to say is important to me” (girl aged 16).

Others ( $n = 4$ ) spoke about not having control due to the abuse:

“I never got a say in what happened to me before so now it’s important to me” (girl aged 19).

“I myself never felt in control of anything in my life when I was abused so knowing I was in complete control over what I talked about was extremely important” (girl aged 17).

For others ( $n = 2$ ) the need to be in control to tell, or not, and everything feeling completely out of control ( $n = 3$ ) was the issue:

“I needed to stay in control so that I could get it all out” (girl aged 18).

“Everything was so out of control in my life that I needed to be in control of something” (girl aged 16).

Still others ( $n = 2$ ) wanted to be in charge of making their own decisions:

“I think that my story is my business and I would never want someone to take it further, that’s why a lot of people are scared to speak up because they fear they would lose control of the situation. If I was to tell someone something that caused them to be

concerned I would hope they would encourage me to take it further instead of the decision being made for me” (girl aged 17).

Having control over what they said and did empowered some young people ( $n = 6$ ) to take action for themselves:

“Knowing it was kept private allowed me to tell about abuse in the end” (girl aged 16).

“...then I decided he was not going to get away with what he did to me. He should be punished, not me. I reported it to the police” (girl aged 17).

Some young people needed to be in control ( $n = 3$ ) so as to move away from feeling like a victim all the time:

“I thought it was me made it happen, caused him to do things. Now I mostly know it was him, not me, him” (girl aged 19).

Staying in control seemed important, especially for those young people under the age of 16, possibly because they currently have such little control in their lives:

“I think that people under 16 especially should have a confidential service because they need a place where they can speak freely about any problems they are having knowing that they are in control of what is happening” (girl aged 17).

“You know what? I never thought about resisting him before. A simple wedge under my door did the trick” (girl aged 16).

## **Time**

The importance of time in relation to confidentiality was a strong theme running throughout the data. With confidentiality providing young people the time they needed to reflect, work through their feelings, explore options and even stop the abuse from happening:

“This gives me time to explore my own feelings and figure out things my own way” (girl aged 16).

Some ( $n = 10$ ) needed time to explore their feelings, explore options and think and talk things through with someone they could trust:

“I didn’t know it was abuse until I started talking about it” (girl aged 19).

“I just needed time to think and get my head round things” (girl aged 21).

“Allowing me to talk in complete confidence built up my confidence and allowed me to explore options to stop the abuse with me in complete control” (girl aged 17).

Time was also necessary to allow for trust to build ( $n = 12$ ) to help a young person open up and talk:

“.....would need to get to know them well and trust they would keep my secret a secret before I say anything” (girl aged 14).

Time was an important factor for young people ( $n = 7$ ) sharing both positive and negative feelings in confidence and being helped to explore how those feelings came about:

“I was so ashamed” (girl aged 19).

“It was too embarrassing to say” (boy aged 15).

“I reported him in the end” (girl aged 17).

Time was also necessary for young people to become stronger and move towards healing from the trauma of abuse:

“It really helped to talk. It was a kind of relief” (girl aged 13).

“It was such a relief to be able to talk openly but it took me a long time to trust” (girl aged 16).

For some ( $n = 12$ ) it was about having the time to think and be able to explore options with someone they could trust so they could work out what they could do for the best:

“I didn't know how to stop it from happening until I was able to talk to someone about it” (girl aged 16).

Some of the young people ( $n = 10$ ) were still being abused and wanted to find ways to get the abuse stopped, without necessarily other people finding out, or going through the criminal justice process:

“Was able to talk about what was going on for me and get it stopped. I didn't want him in jail. I just wanted him to stop it” (girl age 17).

Time to talk and grow in confidence was also needed:

“Allowing me to talk in complete confidence built up my confidence and allowed me to explore options to stop the abuse with me in complete control” (girl aged 18).

## **Respect**

Another important theme was respect. Young people who talked about respect ( $n = 6$ ) described this in terms of being listened to, not judged and believed:

“...not being judged and someone to actually listen to me” (girl aged 15).

“Reassurance that they'll listen to me and support me through things” (girl aged 17).

“I knew it would only be that one person that knew and so I knew I would never feel embarrassed or feel judged” (girl aged 18).

The young people also spoke about their desire to have equality and rights:

“Because just because I'm not an adult doesn't make it ok. I am a person too” (girl aged 13).

“It is really important to me to have rights and confidential services is a right” (boy aged 15).

“I want to be respected as a person the same as other people” (boy aged 14).



“Friendship, being equal and knowing that they will not tell anyone is most important”  
(girl aged 14).

Young people also talked about the importance of someone really understanding from a survivors’ perspective rather than from a professional perspective:

“I also think that someone that has been through the same circumstances as you can really connect with you” (girl aged 18).

“It’s good when you know you don’t have to explain every little thing cause they have been there too and got over it.” (girl aged 18).

### **Chapter summary**

To summarise, 140 young people took part in research in a variety of ways including, as researchers, in surveys, online chat, graffiti walls, and interviews. The young researchers designed a variety of ways to engage other young people. Eight were involved as young researchers but also provided data directly, ten took part in interviews, 96 in surveys, 18 in focus groups, eight in online chats, and an unknown number on a Graffiti Wall, but there were 16 comments on the male graffiti wall and 36 on the female graffiti wall. Ways of being involved ranged from a totally anonymous and brief involvement using the graffiti wall to give an opinion about confidentiality, to being fully involved in all aspects of the research as a young researcher in PAR. This was discussed earlier in this chapter. However, most of the young people ( $n = 96$ ) chose to be involved in the research anonymously. All of this provided data that was mostly quantitative in nature, but there was also space for young people to provide more information of a qualitative nature. Involvement through online chat, focus groups, interviews, and by being involved as a young researcher provided more in depth and qualitative data for the study.

Confidentiality was reported as important to young survivors being able to talk openly about abuse. They expressed that they needed to be able to trust someone enough to know that they would keep confidential, so that they can talk about sexual abuse. The majority of young people consulted in the study believed that total confidentiality was necessary for young survivors of CSA. The younger the person, the greater the degree of confidentiality they wanted to have, possibly because this is so often denied them. Males wanted a higher degree of confidentiality than females, possibly due to the many barriers males have to overcome to access services, and confidentiality is linked with the issue of trust throughout. A majority of young people, 70% ( $n = 92$ ) thought that confidentiality should never be broken with only 5% ( $n = 6$ ) believing that there were times that confidentiality

maybe should be broken. Young people commented repeatedly though that if, for some reason, confidentiality should have to be broken, it should not be broken completely and personal information should remain personal. This appears to show how strongly young people felt about the issue.

When asked directly about situations in which confidentiality should maybe be broken, young people said that it should only be in real, life-threatening situations or in situations when a young child was in immediate danger of harm. The young people used clear words, such as immediate, life-threatening, and extreme danger to describe the kinds of situations they were talking about that might allow for their confidentiality to be broken. Also, while many (78%,  $n = 96$ ) agreed that there might be times when safeguarding others might lead to some information being shared, they also all agreed that their own personal information should not be shared. Indeed 22%, ( $n = 27$ ), of young people did not believe that there was ever any situation when their confidentiality should be broken. The importance of maintaining privacy and control over their own information was stated repeatedly throughout the study.

The main reasons that young people needed confidentiality was to prevent authorities or parents finding out anything about them. Many ( $n = 32$ ) simply did not trust anyone at all and some ( $n = 27$ ) were worried about what might happen to them. From what the young people shared, it suggests that young survivors did not trust the current child protection systems to protect them, but regarded it as interfering, disruptive, and harmful to them. Some of these perceptions were based on their lived experience. The main themes that were identified with the young people who had experienced limited confidentiality, were fear of the consequences of authorities finding out about them, loss of privacy, and control and lack of trust based on their lived experience. The issue of young people retracting their disclosures of abuse that they had made, and wanting to protect the abuser from prosecution, in the face of authorities beginning an investigation, is a powerful indication of how negative the young people felt about the investigation process.

The themes that were identified with the young people who had been able to have a confidential service, were almost completely opposite from those who had not been afforded confidentiality. Having a confidential service had led to trust and confidence building, which allowed the young people to talk openly, often for the first time ever, about what was happening to them in their lives. Young people were able to stay in control of their own situation while exploring options, having time to think and talk things through and, in some cases, get the abuse to stop. Having such a degree of confidentiality led to empowerment, feeling respected and a reduction in isolation. It seems clear

to me that these were better outcomes for the young people than the outcomes that those who did not get confidentiality achieved. Not only do young people want a high degree of confidentiality, but it seems clear from the results of this study that they need it too.

The next chapter will provide an analysis and discussion of the important results that were provided here focussing on the different identified needs in relation to age and gender and the needs of the young people as a whole as expressed by them in this study. A discussion of the participatory action research and the young researchers will follow in chapter six.

The next chapter provides both the quantitative and qualitative results of the empirical study and the results of the thematic analysis of the data. It begins with the outcomes and changes for the young researchers who were involved in the research before going on to the results of the surveys, focus groups, online chats and interviews. The quantitative results are provided after the results of the outcomes for the researchers followed by qualitative data and the emergent themes.

## Chapter five: Analysis and discussion of research findings

### Introduction

This study is unique in several important ways. Firstly, it was successful in involving a high number of young CSA survivors, with 140 young people taking part. Secondly, these were all young people who had experienced abuse in their lives, mostly CSA ( $n = 117$ ), and they had not reported their abuse to the authorities, or been part of any investigation. Thirdly, the study was carried out with eight young abuse survivors fully involved as co-researchers in participatory action research (PAR). No other study, to date, has involved this number of young CSA survivors whose abuse was unknown to the authorities, or involved young CSA survivors as researchers through PAR. This study has given a voice to young people who have not been heard before, and particularly, young CSA survivors who have long been silenced. The involvement of young survivors as researchers has provided a privileged opportunity to learn from young survivors' perspectives and offered a distinctive lens through which to understand the data from a unique and insightful perspective.

Of the CSA survivors who took part, 68% ( $n = 95$ ) were under the age of eighteen, 14% ( $n = 19$ ) were between eighteen and twenty-one, 16% were aged between twenty-two and twenty-five, and only 2% ( $n = 3$ ) were twenty-five or over. This meant the researchers reached a good range of young people. All of the young people who took part identified as survivors of abuse. The literature review found only three studies that involved the child's voice and discussed the views of young abuse survivors and of those, only one (Crisma et al., 2004) targeted young CSA survivors. However, the numbers involved in that study ( $n = 36$ ), were very low. There was little information available in any studies from the literature review about other forms of abuse that young people had suffered and no information that afforded any real insight into the gender differences involved in disclosing abuse.

Young people involved in the current study were primarily from towns and cities across Scotland (52%,  $n = 73$ ) and England (42%,  $n = 59$ ) with 4% ( $n = 5$ ) from Wales, predominantly Swansea. This reflects where the young people involved with 18u at the time of the study came from, and shows that we (myself and the young researchers) succeeded in reaching a good representation of young people from across the U.K. When the data was analysed and results compared between different countries and towns, there were no discernible differences in gender, age, type of abuse or themes that emerged from the data. No one from Northern Ireland was involved because 18u has never advertised its' services in Northern Ireland. Where the young people came from did not appear to affect the ways that they chose to be involved in the study.

### **Differences in age and gender of young people reporting abuse**

Data gathered for this study showed a difference in the types of abuse that young people disclosed based on the gender and age of participant. Young people of different ages reported the types of abuse differently, with those under 16 reporting bullying to a higher degree than other types of abuse, and the oldest young people reporting a higher level of sexual abuse. This was a unique and interesting finding from the study, showing a correlation between age and the type of abuse disclosed with all of those under 12 and none of those over 25 disclosing bullying. The data in this study reveals a gradual but steady reduction in reporting of bullying as the young people get older.

I also found that young males, 52% ( $n = 13$ ) proportionally disclosed a much higher degree of bullying than young females, (18%;  $n = 20$ ), but also, 40% ( $n = 10$ ) of males compared to 15% of females disclosed a high level of physical abuse. It would seem from the data that bullying and physical abuse are the types of abuse that young males disclose more often than young females, either because it is a more prevalent experience for males, or it is easier for them to disclose this type of abuse. Reports of physical abuse also declined as the age increased with younger people more likely to report it than older young people. Emotional abuse also seemed linked to age and gender with few males ( $n = 2$ ) and no under 16's reporting it. Domestic abuse was only reported by females aged 22 and over with no males or younger people reporting it.

In Chapter two the literature review highlighted the lack of studies and information about young abuse survivors and there was no information about gender or age differences. This makes the findings from this empirical study regarding a gender and age difference in disclosing certain types of abuse all the more important as there is so little information available. Looking to other literature on bullying though there is gender and age differences to be found. According to Menesini and Salmivalli (2017) bullying is endemic in schools with studies (Modecki, Minchin, Harbaugh, Guerra & Runions, 2014) estimating the prevalence rate at 35% for traditional bullying and 15% for cyberbullying. There appears to be age and gender differences, with bullying peaking during school middle years (age 12-15) and decreasing by the end of high school (Hymel & Swearer, 2015). Males also seem to be more likely to be involved in physical bullying than females (Pepler, Jiang, Craig & Connolly, 2008). Cook, Williams, Guerra, Kim and Sadek (2010) found a similar higher prevalence for males in connection to bullying though the gender difference was smaller than the previous study. Other studies have found that physical bullying was most likely with males and relational or verbal bullying more likely with females (Crick & Grotpeter, 1995; Besag, 2006; Stubbs-Richardson, Sinclair, Goldberg, Ellithorpe & Amadi, 2018).

When looking at disclosures of CSA in the current study, the gender difference becomes more obvious, with younger females seemingly more able to disclose CSA when compared to younger males. Overall, high number of females, 95% ( $n = 108$ ) disclosed CSA compared to 32% of males ( $n = 8$ ). Females of all ages except for under 12's seemed able to disclose CSA though the older they became, the more likely it was that they disclosed CSA up until the 22 and over groups, where all of the young people disclosed CSA. This could be due to having more confidence to disclose or due to more of the young people experiencing this type of abuse as they grew older. The information about the types of abuse experienced by the young people was gathered from the surveys and the interviews.

Interestingly, when the data from the surveys and interviews was further analysed in relation to age of those who disclosed CSA in the study, it transpired that males under 16 years old did not disclose CSA at all, compared with 74% ( $n = 35$ ) of females under 16 who did disclose it. There could be many reason for this including that the younger males had not actually experienced CSA, or did not identify with the terminology, or perhaps did not feel able to disclose such abuse when compared to females. It is possible that females find it easier to self-report CSA or that CSA is regarded in society as a female issue which makes it more difficult for male to identify with it for themselves (Hooper et al., 2006).

By far the highest number of reports of CSA in the study comes from the female participants including the younger females. Though it is apparent from this study that the older the survivors become, the more able they are to disclose being a survivor of CSA, females appear to be more willing than males to self-report. Despite the low numbers of males involved in the study, these results raise several important issues. According to prevalence studies (Pereda et al., 2009), CSA is a widespread problem affecting both males and females, and although studies suggest that more females than males suffer from CSA, it is still a major public health issue for all children and young people. Studies suggest that adult male survivors are less likely to seek help (Briere & Elliott, 2003) and that CSA in males is a neglected area of study (Romano & De Luca, 2001; Hughes, 2017), which leads to reduced prevalence figures.

While results from my research show a similar reluctance for young males to disclose CSA when compared to studies in the literature review, the similarity ends there. Both studies in the literature review (Ungar et al., 2009; Jackson et al., 2013) that have comparative data, indicate that young males find it harder to disclose CSA as they grow older, while this current study reports differently. Data gathered for this study shows that despite 18u affording full confidentiality (see 18u

confidentiality statement appendix two) to disclose any kind of abuse, younger males still did not disclose CSA. Considering it is highly probable that at least some of these younger males were indeed CSA survivors, given that they were involved with an organisation dedicated to the provision of services for CSA survivors, it seems likely that there were reasons for their reticence. While studies agree that young males disclose CSA less often than young females (Watkins & Benovim, 1992; Jackson, Newall & Backett-Milburn, 2013), they also suggest that it becomes harder to disclose CSA as they grow older; however, this study found the opposite. The number of males involved in the current study was quite low though.

The reluctance of young males in this study to identify as survivors of CSA, particularly the youngest males, may have been influenced by how CSA is perceived by young men and society, rather than whether it has been part of their lived experience. As already mentioned, the young males seemed able to disclose bullying and physical abuse quite easily, perhaps due to it being better recognised as an issue for young men (Besag, 2006; Carrera-Fernández, Lameiras-Fernández & Rodríguez-Castro, 2018) and more acceptable to them and society, than CSA. As mentioned in chapter one, the prevalence rates for CSA, while suggesting that females are more likely to experience CSA than males, also suggests that proportionally, at least half the number of males to females also experience CSA in their lives (Cyr, Hébert, Tourigny, McDuff & Joly, 2009; Cawson et al., 2000). However, in the current study, the numbers of males disclosing CSA were statistically quite low when compared to the prevalence rates and numbers of young females. There are several possible reasons that I would hypothesise for this.

The literature that currently exists on service provision for survivors of CSA demonstrates that services are specifically gendered towards female needs, rather than to the needs of males or other genders, and often fail to perceive a problem for males accessing services (Donnelly & Kenyon, 1996; Holmes, Offen & Waller, 1997; Mejia, 2005; Hooper & Warwick, 2006; Nelson, 2009; Easton, Saltzman & Willis, 2014). Indeed, most support services are currently female only and men, and other gendered or gender neutral people, cannot access them. Perhaps this is not surprising due to the rise of feminism and the battle for equality and women's rights during the 1960's and 1970's. This, and the feminist critique which historically drove research into abuse of women, led to the subsequent creation of a range of dedicated support and information services for abused women and children. These services are exempt under the Sex Discrimination Act of 1975 in favour of providing women-only services, workers and spaces.

Additionally, CSA is socially and medically constructed as a woman's issue (Hooper et al., 2006), which results in marginalisation of the experiences of male survivors. Studies also indicate that men

do not willingly come forward to seek help and support from services for CSA (Broadhurst, 2003; Easton, Saltzman & Willis, 2014). This means that services continue to be oriented towards women as the main service users demanding services, and generally there is a paucity of services for males CSA survivors and little funding or motivation to change this. According to Lumbasi and Barron (2016), not a great deal is known about male CSA survivors, and there is a need to address the unique needs of male CSA survivors through provisions of specific services that take account of their complex needs.

Some research has found there to be gender differences in early disclosure rates of abuse, with boys disclosing their abuse less frequently than girls (Boudewyn & Liem, 1995; Gries, Goh & Cavanaugh, 1996; O’Leary & Barber, 2008). On average, men have been found to wait around 21 years after the abuse (Easton, 2012) before disclosing. According to Easton, Saltzman, and Willis (2014), disclosure is an important part of help seeking, but the many barriers to male disclosure of CSA and subsequent help seeking to deal with the effects, including societal attitudes about masculinity and sexual victimisation, act as a powerful deterrent to males disclosing CSA. Coupled with this, there is some indication from research (Lumbasi & Barron, 2016) that men do not seek help specifically for abuse, but rather are more likely to seek help when something seriously affects their physical or mental health. Further, Easton, et al., (2014) and Alaggia and Millington (2008) found that adult male survivors of CSA reported several different barriers to disclosure based on fears of being thought to be homosexual, being regarded as a victim, and the possibility of becoming an abuser. Alaggia and Millington (2008) concluded:

“for men, being sexually abused by a male evokes unique conflicts about their sexuality and sexual orientation. Men are strongly affected by prevailing attitudes about masculinity and what it means to be a man in a patriarchal, heterosexist society” (Alaggia & Millington, 2008, p. 464).

Some of this may explain the difficulty in getting young male CSA survivors involved in services and the current study, and may explain their reluctance to disclose CSA.

This study has used the terms male and female for the most part when discussing gender, but it is important to recognise that some people do not identify as either gender. There was one such person in the study. There are a range of identities that young people use to describe themselves including, agender, bigender, pangender, transgender, and gender neutral, to mention just a few. For some people, it is important to challenge the rigid definitions of gender roles (Birke, 2001; Williams, 2018) assigned to men or women, and some regard gender as fluid and socially constructed



(Bornstein, 1995; Williams, 2018). Although this study allowed for people identifying with any gender, or none, there was a very low number of young people who did so. While there is limited knowledge about the needs of young CSA survivors whose abuse is unknown to child protection services, there is even less knowledge of similar CSA survivors who are male. It is possibly safe to say that there is currently no knowledge of the needs of similar survivors, who do not identify as male or female, including those who are transgendered.

### **Young people's views about confidentiality**

Uniquely, the current study found that high numbers of young CSA survivors, whose abuse was unknown to child protection services, wanted complete (i.e. under no circumstance will confidentiality ever be broken) or almost total confidentiality (i.e. only in rare and clearly defined situations will it ever be broken), indicating that confidentiality is of particular importance to them. How the young people in this study defined total confidentiality and almost total confidentiality is reported in the results chapter. All of the young people, without exception wanted a higher degree of confidentiality than they currently receive from services and many of the quotations from them highlighted the reasons for their need for confidentiality and how not being given confidentiality, or having it broken, had caused them problems. Confidentiality was clearly linked to being able to trust someone enough to be able to talk about abuse.

It seems likely from the results of this study that one of the main reasons that younger people do not disclose CSA to most services, is because these services do not have a high enough level of confidentiality. Without trust in confidentiality, the young people in this study could not disclose the abuse they had experienced. The young people also reiterated the importance of confidentiality and made it clear when asked to rank what would make it easiest to talk about very personal things (see Table: 4.6 on page 145: Ranking of most important issues to be able to talk about personal problems), that they needed to be able to trust someone enough to know that they would keep everything confidential for them before they could talk to them. Also, that people needed to understand how important privacy was to them, before they could talk.

To further reinforce the views of young CSA survivors on the importance of confidentiality, when asked about the degree of confidentiality that young CSA survivors needed from services, the young people in the current study were unanimous in believing that the current levels of confidentiality of services were insufficient for their needs. The view that levels of confidentiality were insufficient did not emerge from literature reviewed as part of the literature review for this study or in subsequent reading as part of the data analysis. The data gathered from the young people

taking part in this study suggest this is a new finding and, I would argue, something of great significance. It is powerful in offering an important reason for these young CSA survivors remaining silent, despite living with abuse in some cases, and sometimes for a long time. All of those involved in this study said that they needed more confidentiality than they currently receive from services. In total, 91% ( $n = 125$ ) of young people stated that they would prefer total or almost total confidentiality of services.

There was a substantial difference in opinion about confidentiality across ages and genders of the young people, with the younger people and males wanting a higher degree of confidentiality than older females. The majority of the younger people, and males, wanted total confidentiality. Perhaps the most obvious reason for this might be, that the younger the person is, the less likely it is that they will be afforded confidentiality of services, due to child protection policies that insist on information sharing as soon as there is a perceived risk to anyone under the age of 16.

The results from the literature review reflected the findings from this current study, indicating that young people using sexual health services, and young survivors in some of the studies, also wanted a high degree of confidentiality (page 48). Though none of those review studies directly represented the views of young CSA survivors, wanting confidentiality from services was important to the young people in these studies too. However, the current study gives a clearer insight and evidence into the specific needs of young CSA survivors whose abuse is unknown to child protection services.

This expressed need for confidentiality included times and circumstances when there were concerns about child protection and a possible danger to others. Another unique finding from this study was that the young CSA survivors wanted the continued confidentiality of their private information regardless of circumstances. Such was the demand for confidentiality, that even when young survivors in the current study said that there might occasionally be situations when their confidentiality may need to be broken to some degree, such as to help someone else in immediate and life-threatening danger, or to help a child at serious risk of harm, they still wanted their personal information kept private. Only information about the person at risk, or in danger, should be shared according to these young survivors. However, one in five of the young survivors felt so strongly about their need for confidentiality, that they stated their confidentiality should never be broken under any circumstances, including when there is a risk of harm to others, or for child protection purposes. The young survivors indicated that the main reason they wanted high confidentiality was because they did not want authorities, or their parents, to know their private information. Yet

currently, if a young person discloses abuse to anyone in authority, these are often the first people to be informed and private information about the young survivor is shared.

From these findings, it seems that many young CSA survivors who do not wish to disclose abuse to authorities have a different agenda from parents and child protection agencies. It could be argued from the results of this study, that current child protection systems are sometimes acting in opposition to the needs of certain young CSA survivors and effectively silencing them, by not providing what they need to talk about the abuse that they are experiencing. While young survivors state that they need confidentiality to talk about abuse, child protection agencies, with the aim of protecting the young person, cannot provide confidentiality and currently share information about the young person with other agencies and relevant individuals. For the young survivor to get their need for confidentiality met, either they must stay silent, until they are either old enough to be outside child protection services, or they have to find a different service that will provide them with confidentiality.

This high demand by young survivors in this study for confidentiality, might explain some of the reluctance of young CSA survivors in disclosing abuse, particularly to authorities. It is well documented that survivors of CSA delay reporting their abuse to authorities, or never tell at all, especially while still young. Based on a review of contemporary studies of CSA disclosure rates, London, Bruck, Wright, and Ceci (2008) concluded that around 55% and 69% of CSA survivors never disclosed abuse as children and young people. Population studies from Canada and the USA agree with these figures, with between 70-75% of respondents waiting five years or more before disclosing CSA, or never having disclosed abuse at all prior to the research (Hébert, Tourigny, Cyr, McDuff & Joly, 2009; Smith et al., 2000). In addition to delaying disclosure of CSA, children and young people often deny that any abuse has happened, despite clear corroborative evidence such as medical findings suggesting otherwise (Lawson & Chaffin, 1992; Lyon, 2007), or evidence of abuse existing through video or photographic evidence (Sjöberg & Lindblad, 2002). In a study on suspected CSA victims, one third of those interviewed did not disclose anything during forensic interviews, despite compelling suspicions and evidence that abuse had indeed occurred (Hershkowitz, Horowitz & Lamb, 2005).

In the current study, young CSA survivors asserted that they wanted more confidentiality than they currently receive from services. However, in Scotland, *Getting It Right for Every Child* (GIRFEC), is a social policy development of the Scottish Government which works alongside the *Children and Young People (Scotland) Act 2014*, and it does not allow for young people having confidentiality if

there are concerns about their wellbeing (well-being is not defined but has a number of indicators for professionals to follow). Instead there is an information sharing principal, which means that information is gathered about the young person and shared with other agencies. The Named Person scheme in the Act has tried to take this further and the information sharing of Part 4 of the Act allows for a Named Person appointed to all children and young people, to gather and share information about the child and their family, without any consent from the young person or parents if there were wellbeing concerns. This was due to be implemented in August 2016 but, following legal challenges, by parents' groups, charities and individuals, the U.K. Supreme Court ruled the law "defective" for breaching article 8 of the European Convention on Human Rights (ECHR), which guarantees everyone a "right to a private and family life". They declared that Holyrood had exceeded its powers by making a law which allowed public bodies to share sensitive private information about children and parents without consent.

The judges stated:

"The sharing of personal data between relevant public authorities is central to the role of the named person ... the operation of the information sharing provisions will result in interferences with the rights protected by article 8 of the ECHR" (Para. 78). Because of the lack of safeguards "the overriding of confidentiality is likely often to be disproportionate" (Para. 100).

They concluded:

"...the information-sharing provisions of Part 4 of the Act are not within the legislative competence of the Scottish Parliament" (Para. 106).

"...since the defective provisions are not within the legislative competence of the Parliament, they cannot be brought into force" (Para. 109) in the the Children and Young People Scotland Act (2015)

While Part 4 of this Act is not currently lawful, the Scottish Government has continued to roll out their Named Person Scheme in Scotland, declaring it voluntary with an option to opt out. However, this is not widely known according to opponents of the scheme. In June 2017, the Scottish Government released new proposed legislation about information sharing. The impact of this is yet to be realised. Currently, at the time of writing the Named Person Scheme appears to be in a state of flux, but the reality for young people across the U.K., is that the Children Act and current child protection procedures dictate that whenever abuse comes to the attention of social workers, health

workers, teachers, or any other worker with a contractual obligation to report to police or social services, there is no delay in sharing information. There is also no confidentiality for the young person and regard of the wishes or feelings of the young person involved, as child protection takes precedence over these. As most young people are usually made aware of this policy by workers if they start to try and talk about abuse, it is perhaps not surprising that few young CSA survivors disclose their abuse to anyone in authority.

### **The importance of trust, respect and relationships**

Being believed, listened to and not judged were also regarded as important by young people in this current study. The young survivors reiterated how important it was to be able to trust the person they wanted to talk to, and how much of this was based on how well the person listened to them, and believed what they were saying. These findings were supported in the literature review, where young people talked about the importance of respect and of staff having an understanding attitude towards them, making it possible for them to engage effectively with a service. However, young people in the literature review studies knew that they could not mention abuse or they would lose confidentiality. In two of the studies in the review (Hayter, 2005; Reeves et al., 2006) staff being non-judgemental was rated as the most important factor for young people to access services. In all the other studies being listened to, not judged and being believed by staff were described as important and necessary for young people.

In two studies in the literature review (Crisma et al., 2004; Ungar et al., 2009), young people spoke about not being believed by adults when they had tried to tell about abuse. In both these studies, the young people were anonymous due to the way the studies were conducted, which was possibly why they were able to mention abuse. In all other studies in the review, young people spoke about being unable to talk about abuse due to losing confidentiality of the service. Young people in the literature review talked about the importance of having someone they could trust enough to really listen without going off and telling social services or police. These young people in the literature review talked about it in terms of being able to stay in control of their own lives and information but, at the same time, they knew they could not trust anyone enough to talk directly about abuse. The data gathered from young people taking part in my study was the antithesis of this process.

The young people who took part in this study explained that the way to get relationships with them is through listening to them, allowing trust to grow, affording privacy and confidentiality, and through believing them and not judging them. As the findings showed, when young people were able to trust in confidentiality, they became able to talk about abuse often for the first time ever.

This gave them time to explore their feelings, think through their options and make decisions based on having accurate information. Some of the young survivors in this study expressed feelings of relief at being able to talk about abuse. This was also a finding from the literature review in Chapter two which highlights it's importance.

In my study the young survivors ranked not being judged by other people as the next most important factor to confidentiality. Fear of being judged and the attitude that adults had towards young people seemed really important. This was also expressed by young people in the findings of the literature review in Chapter two particularly in relation to users of sexual health services. The young abuse survivors who participated in my study did not want people who judged them and relationships were important so that the young people could learn to build trust between them, enabling them to talk about difficult matters. Also, high on the ranking list of what would make it easier to talk to someone about something important, was being believed and really being listened to by the person they are talking to, this again highlighted the importance of adults with the right approach and attitude. Disclosing abuse is an inter-personal event rather than just a decision to tell (Staller & Nelson-Gardell, 2005), and a process requiring privacy, purpose and understanding (Jensen, Gulbrandsen, Mossige, Reichelt & Tjersland, 2005). Close relationships play an important part in allowing young people to talk and disclose about abuse (Priebe & Svedin, 2008), and it would seem from what the young survivors have shared in this study, that relationships built on trust and understanding are essential to this process.

### **Young people need confidential services**

As mentioned in the results chapter, the survivors in the study who were provided with confidentiality said they could talk openly and honestly, in many cases for the first time, without fear of their confidentiality being broken and of any negative consequences resulting from this. Several of them expressed feeling a sense of relief, a loss of isolation, and of no longer being completely alone with abuse. For them, being able to talk to someone about abuse, after being silenced for so long, was a big step. Having said that, talking was not a simple process as it took time for trust to build. The young survivors were not used to a service keeping confidential for them, so they took some time to check it out and make sure their information and anonymity was assured. Once they were sure that they could trust, being able to talk openly allowed the young people to get support to talk through feelings and options, and it also allowed them to get information pertinent to their own situation. Some young people talked about finally being able to build trust and be completely honest about what was going on for them. This is the complete

opposite to the loss of trust and control, retraction of abuse and sense of betrayal that was expressed by young people in my study who had had their confidentiality broken.

The young survivors spoke about their lives feeling out of their own control due to abuse or being in care. For some, the only control they had was control over what they said, or did not say. Being able to talk in confidence to someone they trusted not to tell, gave control back to young people, empowered them to talk and, in some cases, to take positive action for themselves while having a trusted person to support them through it. Being in control of the process was a unique experience for them and gave them time to reflect and explore options. The issue of control is important to young people as is evident from literature (Barter, 2005; Paine & Hansen, 2002; Jackson et al., 2013; Chan et al., 2011), with most young survivors talking about the negative consequences of the loss of control that resulted from disclosure. In my study too, young people whose confidentiality had been broken talked about the negative consequences.

On the other hand, those who had a confidential service mostly through 18u or Childline, reported having time to think. Having this time and support gave them an opportunity to grow in confidence, explore options, and in some circumstances, figure out ways to stop abuse. This did not necessarily mean disclosing to police or social services, as this remained an unpopular choice. Rather, young people, through exploring issues were sometimes able to work out what constituted abuse and talk through strategies that could stop it. The young survivors had been unable to think about these strategies themselves due to stress, trauma and lack of life experience. However, talking with experienced workers in the confidential agencies, who provided them with information and ideas, meant the young people could decide action for themselves. In some cases, due to a lack of information, grooming and abusers lies, young people had first to be able to recognise that their experience was indeed abuse.

Two young survivors in this study did, in time, agree to talk to the police and make formal complaints about their abuse. Though talking to the police was not a popular option with the young people, personal circumstances led to these young people believing that it was the best option for them. When they went forward to the police, they were fully informed about what would happen and supported throughout the process. Neither complaint to the police, at the time of writing, went forward to court due to a lack of evidence, even though in both cases other young survivors had also gone forward and named the same individuals. The young survivors involved felt let down by the Criminal Justice System and felt that they had not been believed. They both acknowledged however, that they had chosen themselves to talk to police and did not feel they had lost control of

the situation. Having a confidential service helped them decide that talking to the police was the right option for them at the time.

There are some that would argue that it should never be the young person's responsibility to safeguard themselves, and that it is unrealistic to expect children and young people to defend themselves against the highly skilled manipulation of abusers (Daro, 1994; Kaufman, Barber, Mosher & Carter, 2002; Melton, 1992; Reppucci, Haugaard & Antonishak, 2005). Other academics maintain that there should be more prevention focus put on adult protectors, namely parents (Rudolf & Zimmer-Gembeck, 2016). It is also important to minimise any implicit notion that children are responsible for their own protection from abuse (Swift & Ryan-Finn, 1995; Smallbone, Marshall & Wortley, 2008). However, it is also recognised that increasing young people's knowledge about abuse and self-protection skills can lead to gains in self-protective behaviour such as disclosing or seeking help (Davis & Gidycz, 2000; Topping & Barron, 2009; Walsh, Zwi, Woolfenden & Shlonsky, 2015). Abuse and abuse prevention are complex issues which surely require complex solutions. From the results of this current study, it seems that not all parents are protective and not all young people, even those in local authority care, are protected.

Confidential services are currently rare in the U.K. yet, according to this study, young CSA survivors rate confidentiality as important for them being able to talk openly. The literature over many years has described the same barriers to survivors disclosing abuse, with one of the key features being fear about investigative processes and professionals sharing personal information. As already mentioned, the child protection system and the criminal justice system does not protect all young people, perhaps partly because many young people will not disclose abuse, or perhaps partly due to the nature of these systems. In addition, although recent crime statistics show that more of these cases are now going forward to the court stage, the rate of successful criminal prosecutions is falling (Allnock, 2015). For those cases that do progress through criminal justice systems, there are widespread systemic failures in the ability to prioritise the welfare of children and young people within these systems (Horvath et al., 2014; Allnock, 2015). Perhaps, if there is a willingness to listen to the needs of young CSA survivors' improvements can be made in all services to take account of their needs. However, even though most people think it would be good to listen to young people, and the Children Act states they should be listened to, this may not be comfortable and some professionals may not actually like to hear what young people have to say (Langhout & Thomas, 2010).



### **Young people and limited confidentiality**

Young people in the study could also share some of their experiences of not being given confidentiality, or having their confidentiality and trust broken. Themes in this context included a loss of trust and control, and a fear of consequences when other people found out about the abuse. Having chosen to trust someone enough to try and talk about abuse, some young people ( $n = 22$ ) were then dismayed to find their trust had been misplaced, leading to information sharing, parents informed and, in some cases, as detailed by young people in the results chapter, their situation made worse. As a result of disclosing abuse and their trust then being betrayed, these young survivors faced negative consequences such as further abuse, intrusive investigations, not being believed, being bullied, and being taken into local authority care.

My empirical study introduces new evidence about retraction of allegations of CSA by young survivors. It shows that several factors are involved in this. These include: the sharing of information about survivors without their consent; the process of police investigation; feelings of unbearable stress; and not wanting to get the offender into trouble. A significant number of young survivors in the study ( $n = 17$ ) retracted their abuse allegations rather than continue to suffer the negative consequences that their disclosure had brought. Malloy, Brubacher and Lamb, (2013) found that CSA survivors sometimes eventually confide in the context of a trustworthy relationship such as with mothers or peers and, of those who did disclose, they had often told more than one person (McElvaney, Greene & Hogan, 2012) before being listened to or believed. According to Malloy, Mugno, Rivard, Lyon and Quas, (2016), it is currently difficult to know all the factors that lead to retraction, even in cases of CSA which have been substantiated, due to lack of evidence from studies focusing on the issue. But they found in their recent study that the social context of young people, and not being believed or supported by non-abusive caregivers, influences to some degree whether young survivors retract their disclosure, or not. Further research is needed (Malloy & Mugno, 2016) to more fully understand the complex factors involved in young people disclosing and then retracting, but the findings from my study introduce a new perspective on this.

For those young people in my study who reported disclosing abuse, actions and reactions were often immediate, with adults reporting to authorities without delay, sometimes without even telling the young person. This did not allow young people time to reflect and they often experienced a loss of control and felt disempowered leading, as already mentioned, to retraction. No young people in the study reported positive outcomes of disclosure to authorities though many reported negative outcomes. There is a common assumption that it is in the best interests of CSA survivors, and society at large, for CSA to be disclosed at the earliest opportunity in the hope it might lead to

successful legal interventions, prosecutions and life improvements for survivors (McElvaney, 2013). However, this assumption does not appear to be backed up by research evidence. Most CSA cases that come to the attention of authorities do not end up in court, and fewer still result in a successful criminal conviction (Horvath, Davidson, Grove-Hills, Gekoski & Choak, 2014; Children's Commissioner, 2015). This is similar for other forms of sexual violence (Gallagher, 2009; Bunting, 2008; Smith, Dogaru & Ellis, 2015; Allnock, 2016).

Many young survivors are looking for someone to trust and confide in but for some, as this study reveals, their trust is sometimes misplaced resulting in negative consequences. Data from the young people involved in my research stated that young people had experienced further abuse, high stress, loss of family and friends and loss of trust in adults and some had retracted allegations of abuse rather than continue to suffer negative consequences. Although highlighted in detail in my study, some of this is documented to varying degrees in other studies, albeit with adult survivors. For example, Jonzon, and Lindbald (2004) concluded that for many survivors who reported CSA in childhood, it was a risky and traumatic process, with uncertain and unknown outcomes for survivors and often negative experiences, without getting abuse stopped. Ullman (2007) also concluded from her review of literature and own research that negative outcomes following CSA disclosure are more likely in childhood than adulthood. Studies with teenagers which examined barriers to disclosure of violence, including CSA, (Ungar, Barter, McConnell, Tutty & Fairholm, 2009; Ungar, Tutty, McConnell, Barter & Fairholm, 2009) found that fear; lack of confidentiality; lack of trusting relationships; negative responses; fear of abuse being reported to authorities; and shame and secrecy were all important barriers to young people's disclosure of abuse.

Loss of control and power for survivors is described in other literature (Barter, 2005; Paine & Hansen, 2002). The literature also describes some negative problems for those survivors who come to the attention of authorities, as the original harm caused by the abuse could be worsened by the negative experiences and interactions within the child protection system and criminal justice system (Plotnikoff & Woolfson, 2009). All too frequently survivors, who have already been traumatised by CSA, are re-traumatised by the child protection and criminal justice systems that were created to investigate crime, corroborate evidence, and punish abusers (Weinstein, 2014). This can cause long-term harm affecting young people's mental health, education and family, and make them unlikely to want to engage with criminal justice system processes in the future (Zajac, O'Neill & Hayne, 2012).

Gekoski, Horvath and Davidson, (2016) and Munro (2010, 2011a, b) believe that current systems do not work effectively to protect young people. They believe the feelings and experiences of young survivors should be fully taken into account, to protect children and young people from

further trauma being caused. Without this, best evidence is not possible leading to an increasing lack of convictions and repeated re-victimisation of young people. It has been suggested (Gekoski, 2016), that a better child and young person friendly system could possibly be built by looking to more successful international models of justice and child protection. Also, according to Nelson (2016), long-term physical and mental health problems experienced by many CSA survivors is unacceptable, and “effective prevention and deterrence, and the best possible support, should at last become twin priorities for action” (p. 18).

### **Trust and other important issues for young people**

A high number of young people ( $n = 114$ ) in the study did not say anything to anyone due to the fear that their confidentiality might be broken. This lack of trust seemed to come about through experience and also through lack of clear information regarding the parameters of confidentiality with some agencies. Sadly though, there were a number ( $n = 29$ ) of young people who did not trust adults in any way. Through their lived experiences, they had come to believe that adults simply could not be trusted with anything, and indeed some of them believed that adults were constantly trying to trick them into talking so that they could betray them. These young people were left isolated and believing that they had to make their own way through life without help or guidance from anyone. While it might be possible to build some trust in those who had fears of confidentiality being broken through explaining the parameters of confidentiality, for those who had completely lost all trust, this would not be as simple. These young people had their lived experiences as evidence that they could never trust anyone.

The harm caused by the betrayal of trust and broken confidentiality of young survivors cannot be understated. Young people in this study repeatedly described the negative effects of their disclosure of CSA, and the subsequent breach of trust that occurred. They revealed the complete lack of privacy, loss of control over their life, wide sharing of personal information, and lack of understanding shown by those in authority, despite no guarantee of abuse being stopped or regard for their feelings. As this study was focussed on the experiences of young abuse survivors, it emphasises just how damaging and long-lasting the effects of broken confidentiality and trust can be for them.

Findings from my study, showed that young survivors talked extensively about not being believed, loss of control over their lives, bullying, embarrassment, the negative consequences of people finding out about the abuse, and their perceptions of ineffectual responses to their disclosures. Indeed, a recent literature review (Matthew, Barron & Hodson, 2018) found that young survivors

fear the involvement of child protection agencies. Some of these themes are echoed throughout the literature as some of the most important barriers to the disclosure of abuse. Studies carried out Schönbucher, Maier, Mohler-Kuo, Schnyer, and Landold (2012) highlighted a general lack of understanding of the needs of young survivors. More recently, McElvaney, Greene and Hogan (2014) and Nelson (2009) found similar issues with fear of not being believed; shame/self-blame; and fear and concerns for self and others being important barriers to abuse disclosure. This latter result echoes findings from Jensen, Gulbrandsen, Mossige, Reichelt, and Tjersland (2005) and Münzer and colleagues, (2014). Jackson, Newall, and Backett-Milburn (2013) found the most important barriers to disclosure were self-blame; shame; fear of consequences; and fear of not being believed. Fear of consequences for the offender and fear of family break up were also important barriers to disclosure (Crisma, et al., 2004; Jensen, Gulbrandsen, Mossige, Reichelt & Tjersland, 2005; Schaeffer, Leventhal & Asnes, 2011; Schönbucher, Maier, Mohler-Kuo, Schnyer & Landold, 2012; McElvaney et al., 2014; Münzer, Domhardt, Fegert & Goldbeck, 2015).

Additionally, literature highlights the situation being made worse for the survivor due to the aftermath of the disclosure (Barter, 2005; Zajac, O'Neill & Hayne, 2012). Young people had the experience of being talked about, causing family disruption and subsequent family fall out (Staller & Nelson-Gardell, 2005). Similar to young survivors in this study, other survivors have reported that they lost all control over their lives (Barter, 2005; Paine & Hansen, 2002). Hunter (2011) reported that all the adults she interviewed about their experiences of disclosing in childhood, “had experienced some form of disclosure-related trauma, either because nothing changed for the better or because they were not believed or supported” (p. 164).

As has already been mentioned, young people in the study also feared negative consequences for the suspected offender (e.g. imprisonment) and for their family (e.g. family break-up). Several young survivors shared their thoughts of not wanting their abusers jailed or punished, and the reasons they gave were, not being able to deal with the criminal justice system, not wanting to cause family breakup, just wanting to put it all behind them and move on, or loving the abuser. Regardless of their individual reasons, not wanting the abuser punished would also be a powerful deterrent to disclosing abuse to authorities. Given that abuse disclosures are always dealt with through investigation and criminal justice systems in the U.K., if young people do not wish this, then they cannot disclose to authorities. From the findings of this current study, it seems that the main thing young CSA survivors wanted, for a variety of reasons, was confidentiality. Studies with other populations have found similarly (Crisma et al., 2004; Jensen et al., 2005; McElvaney et al., 2014; Münzer et al., 2016; Schaeffer et al., 2011; Schönbucher, Maier, Mohler-Kuo, Schnyer & Landold,

2012) that CSA survivors do not always want to go through the criminal justice system or want offenders punished.

Unfortunately, as already stated, CSA is not always stopped through reporting (Plotnikoff & Woolfson, 2009) to social services, police and/or going through the criminal justice system. My study highlighted that some young survivors found the process too stressful and retracted their allegation of abuse and others were too fearful of the process to contemplate going through it. Without substantial forensic evidence to prove the abuse happened, and prove who the perpetrator was, to satisfy criminal courts, these authorities are often helpless to act effectively. Evidence can be problematic in cases of CSA, particularly when reported historically. For CSA survivors, the type of forensic evidence required to prove that sexual abuse occurred is almost impossible to produce or uncover, bearing in mind that this crime is usually perpetrated by a person close to, known and trusted by the young person (Radford et al., 2011). It also usually happens in private and is surrounded by secrecy and substantial grooming to make victims co-operate and more likely to stay silent. CSA perpetrated by someone known to the young person is less likely to be reported than CSA by strangers (Jensen et al., 2005).

Relationships of trust between professionals and young people are vital in enabling young people to explore risky behaviour and address issues of abuse (Smeaton, 2013; Gilligan, 2015), especially when young people feel that the professionals struggle to find the balance between the young person's rights and child protection (Hallett, 2015). In this current study, young people linked trust to confidentiality. Being able to trust that they would be able to talk openly in confidence without person information being shared was vital to building relationships. Those young people who had had their confidentiality broken had lost trust in adults and professionals. Trust is built when a young person feels that their rights, confidentiality, privacy and views are listened to and respected rather than being disregarded in the name of child protection, which can further erode trust and even further drive vulnerable young people back towards abusers (Hallett, 2013). There is a real danger of losing sight of young people's rights and agency through focussing solely on safeguarding risks, to the overall loss of trust and relationships and the detriment of the young person (Lefevre, Hickie, Luckock & Ruch, 2017).

Additionally, care proceedings for children and young people involving alleged CSA are frequently unsuccessful when compared to physical abuse or neglect (Bacon, 2008), with only around 5 per cent of all children on child protection registers, or subject of a child protection plan in the U.K., in a category that includes CSA (NSPCC, 2014). Even then, being on a child protection plan often brings other problems (Oliver, 2010). In their evaluation of 65 serious case reviews (including

CSA) Ofsted (2011) discovered several important areas of serious concern, including young people not being seen frequently enough by social workers, or not asked their opinions and feelings by professionals; agencies not listening to adults speaking on behalf of the young person; carers refusing to allow professionals contact with the young person; professionals too focused on the needs of parents rather than needs of the young person; and lastly, but most importantly, professionals failing to protect the young person through misinterpreting information that was available to them (Oliver, 2010).

My study is unique in that it brought together young CSA survivors whose abuse is unknown to the authorities, provided them with a safe forum to share their views with anonymity and encouraged them to participate as researchers to reach a deeper understanding. In contrast, some of the studies mentioned in this discussion, though related, have been carried out with young people who have disclosed abuse to someone in authority and, in many cases according to literature and this current study, had cause to regret it. Other studies have been undertaken with general populations of young people or adult survivors but these are not representative of young CSA survivors who have not disclosed to authorities, i.e. the majority of young CSA survivors. Child sexual abuse is underreported and under-recorded according to Reitsema and Grietens, (2016) and the reasons seem clear due to the many barriers to disclosures that this study and wider literature has highlighted and the negative impacts for young people when they do disclose. From studying the literature and the findings of this current study there appear to be many more reasons for young survivors not to disclose abuse than there are incentives to disclose it.

#### Summary of chapter

This chapter analysed and discussed the findings and themes from my empirical research. Finding found that there was a difference in reporting of abuse based on age and gender with young people of different ages and genders reported the types of abuse differently. Those under 16 and males reported bullying to a higher degree than other types of abuse, and older young people reported a higher level of sexual abuse. Younger males too seemed reluctant to report CSA.

There was a high demand for confidentiality from all young people with young people wanting complete or almost complete confidentiality. The importance of trust, respect and relationships was also highlighted and linked to confidentiality. Negative results of losing confidentiality were reported including not being believed, further abuse, loss of control and retraction of abuse allegations.

The next chapter explores the importance of participation and further discusses the process of PAR. The involvement of the young researchers in this research is discussed in greater detail and the changes they experienced are explored. The importance of involving young people in this research is highlighted including how essential the young researchers were to the interpretation and understanding of data and communication.

## Chapter six: Discussion about participation

For the sake of clarity for readers I have made this into a separate chapter in this thesis. I feel it is important to highlight the involvement of the young researchers, what they did, how they did it and what came out of it. The participation of the young researchers was crucial in how this research was undertaken, how it evolved and the results that came from it.

The inclusive child-centred methodology used in this research provided the means through which young CSA survivors had an active voice. Further to this, the involvement of young survivors as researchers, helped lead to unique research findings. It was important to provide young CSA survivors with as many ways to contribute their views to the study as possible, to increase their options for participation. Young people were presented with several different ways that they could be involved and it was made clear that involvement could be to whatever level they wanted, in whatever way suited them best and that they could withdraw at any point. The different ways that they could be involved were designed by young CSA survivors who were involved as young researchers, and young people were fully involved and informed about how they could contribute. For those with preference for talking, texting, typing, drawing or any other means of communication, there were options to suit, regardless of ability or preference. They could also remain completely anonymous, regardless of how they were involved, if that was their preference. Young people could stay in control of their own involvement throughout the study, be involved in more than one method, and change their minds or contribution if, and when, they chose. All of this allowed young people complete control over involvement and participation. This was deliberate to address the absence of the voices of young CSA survivors discovered in the literature review.

Having a variety of options and questions designed by other young people made the methodology more child centred than other research has been to date in this field, and made their involvement and response easier and more accessible so as to reach a greater number of young survivors. Most questions were open-ended so as not to constrain or restrict young people and to allow them freedom to express themselves as they saw fit. The population this study was aimed at was young CSA survivors and, as there was limited information about young survivors, and their views about confidentiality, there was a need to ensure the young people had every opportunity to contribute and share their opinions. To this end, they were given as much choice as possible to allow for wide participation. Additionally, some young CSA survivors suffer from mental health problems, physical health problems and disabilities. Making participation flexible and easy made it possible



for those with a short attention span, poor concentration, depression, or disabilities to become involved and give their views if they wanted.

It was important for this study to be participatory. It was also important to attempt to fill some of the gaps identified by the literature review in the research, and to empower and involve young people with the lived experiences of the issue under investigation as previously discussed in the methodology chapter. I had hoped, and indeed discovered, that having young people involved as young researchers would enrich the whole experience, help interpret findings and lead to further knowledge in the field of CSA and young survivors. Certainly, as it turned out, the participation of young survivors as researchers led to interesting and unique findings, a dynamic and empowering process, and, from my observations and in my judgement, unexpected and positive outcomes for the young researchers as detailed in the results chapter.

### **The young researchers**

During the research, it became apparent that the young researchers had felt some degree of isolation in their lives. Although it was not an obvious issue initially, as we began to read through research results and get to know each other, it became more apparent. As the young researchers found out that many participants had struggled with isolation, loneliness and fears of people finding out about abuse, it encouraged them to begin to talk about their own isolation and personal experiences. Over the period of the study, all young researchers spoke to me individually about personal issues. Five young researchers talked individually, directly, and privately about their own experiences of abuse. As trust and confidence increased and the researchers discussed the data young people were sharing, the young researchers seemed to become more confident and began to increasingly identify with what other young abuse survivors were saying. This seemed to encourage them to talk further, in more depth and discuss issues and problems they were themselves experiencing due to past abuse, and, for two of them as it turned out, ongoing abuse. Horvath, (2010) presents international evidence which suggests that abuse survivors favour interventions that bring people with shared experiences together which challenges and reduces isolation. Certainly, with this study, there seemed to be a reduction in isolation as they learned about others with similar experiences to them.

Throughout the research, the growing trust that all young researchers experienced seemed to lead to a growing resilience and confidence, which empowered them to talk to me and get additional support for their problems. They all showed measurable improvement scores in self-esteem, self-confidence and well-being, which were higher for those involved in the study longer. However, this

possibly might have happened over time anyway, so there is no way of knowing from this study, whether being involved as researchers contributed, or not.

Involving young people who have suffered abuse in research is complex and can sometimes lead to their voices being lost (Mudaly & Goddard, 2009; Morris, Hegarty & Humphreys, 2012). There are also concerns about getting the balance correct between the right to protection for young people and their right to participation (Woodhead, 2010; Powell, Fitzgerald, Taylor & Graham, 2012). According to McAndrew, Warne and Fallon (2012) the methodology employed in studies may itself have an important role in promoting emotional health and well-being. Certainly, it would seem from the reports of the young researchers that it was successful, positive and beneficial to them. None of them reported any harm or negative issues or feelings about their involvement in PAR.

Involving young CSA survivors as researchers in research about the needs and views of other young CSA survivors, allowed them to address the issues that had affected them directly and brought their own expertise into the study in a way that has not been achieved before now. In recent years, many researchers have suggested that young people should be brought into research as they are the people with expert knowledge of their own lives (Robson, 2001; Kellett, Forrest, Dent & Ward, 2004), and it is no longer accepted without dispute that adults always know what is in the best interests of young people (Jones, 2001; Hanson, Volonakis & Ruggiero, 2017). For some time now, decision-makers and practitioners have suggested that the voices of young people are important in rights-based research, intervention and evaluations (Johnson, Ivan-Smith, Gordon, Pridmore & Scott, 1998; Chawla & Johnson, 2014). In this study, involvement of young survivors who had long been disempowered, and giving a voice to young CSA survivors who have until now, been unheard, was paramount.

The changes experienced by young researchers included, improved self-esteem and confidence, getting involved in volunteering, peer education, training, paid work, and improvements in their mental health. These changes were unexpected and surprising considering the young people lived what could be described as chaotic lives. Being empowered and involved in research might possibly have contributed to some of the differences experienced by the young researchers, but further research is required before any links can be made between changes and involvement as young researchers. Studies using PAR with adult survivors (Matthew & Barron, 2015) had shown some evidence of transformational changes in the survivors involved, and it seems possible that involvement in research about abuse, and the empowerment involved in PAR, can possibly lead to

positive change in abuse survivors. I hope that future research with PAR and survivors will explore this further.

According to Johnson, (2017), there is evidence that when young people are involved in meaningful ways in PAR, and trust can build between them and adults, positive transformational change can happen in their lives. Listening to the voices of young people through PAR can lead to improved social justice and better inclusion (Tisdall, Davis, Prout & Hill, 2006; Lansdown, 2010) and can lead those with a responsibility towards young people to have better accountability to hearing and responding to the views of young people (Johnson, 2017).

Young people in this study made clear their views about their need for confidentiality, and their negative experiences of adults sharing information inappropriately. The young researchers also had similar experiences and their insight and expertise should not be overlooked. They all had some experience of child protection systems including being in care, both short and long-term, and all held negative views and experiences of services. Child protection systems were regarded by them as risk averse, uncaring of their individual needs, and they regarded workers in these systems as going through the motions of checklists that protect agencies and workers rather than young people. These young researchers did not trust child protection systems and found it hard to trust adults. Though they grew to trust me, it was only their positive experiences of having support from a confidential agency (18u) that allowed this.

Research carried out by Haughton (2015) backs up my assertion of young people as experts and found that participation of young survivors (of domestic abuse) can be a powerful therapeutic tool, with young people having their own unique and essential voice in risk assessment and competent decision making. In her study, she similarly found the biggest area of concern for young experts was confidentiality, with young experts sharing their mistrust of adults, and experience of adults sharing their personal information inappropriately, causing them to be at further risk.

### **The importance of participation and participatory action research**

My empirical study recognised the importance of participation of young people and noted their very limited participation in any studies in the literature review, with participation restricted to young people being able to give their views only in a narrow way. None of these studies were directly seeking views of young people about confidentiality, yet young people's views about the high importance of confidentiality was apparent. The results from the literature review were important for this study in highlighting gaps in research and in emphasising the importance of methodology

for producing quality robust research. The unpublished research in the literature review suggested that a high degree of confidentiality within a service might lead to young CSA survivors being able to talk openly about abuse. It was unclear however from this unpublished research what the outcomes of this might be for the young people involved. My research has identified the importance of confidentiality in allowing young survivors to trust someone enough to talk, stay in control of their information and lives, and become empowered to make decisions and changes for themselves.

Participatory action research is a method and approach to research that aligns itself with some of the principles of empowerment. It attempts to shift power away from those not affected by issues, to identifying and addressing social issues and concerns with the people most directly affected by the issues. Participatory action research (PAR) and Youth Participatory Action Research (YPAR) has been identified as a method for engaging young people in the process of systemic or institutional change (Akom, Cammarota & Ginwright, 2008; Cahill, 2007). Building trust and developing good communication between young researchers and older researchers is important in PAR, as is the sharing of power (Ozer, Newlan, Douglas & Hubbard, 2013) with PAR well suited to increasing opportunities for young people's personal development and psychological autonomy (Masten & Coatsworth, 1998), sense of purpose and the role of responsibility in helping develop moral identity (Pain, 2016). Through PAR young people are regarded as experts in their own lives and as partners in decision-making in the research process (Johnson & Nurick, 2006).

Participation of young people in research is becoming more popular with academics (Mason, 2015; Orłowski, Lawn & Venning, 2015; D'Amico, Denov & Khan, 2016; Gomez & Ryan, 2016) and it is an effective and enabling approach to engaging with, and representing the views and opinions of young people (Lavis & Hewson, 2011; Prymachuk, Elvey & Kirk, 2014; Yardley, Morrison, Bradbury & Muller, 2015). Participatory research involving young people adds positively to the body of knowledge (Mill & Ogilvie, 2003; Percy-Smith, 2010) while challenging the power imbalances inherent in most youth services (Mason, 2015), enabling young people to have an increased sense of agency that may help them to build their emotional resilience (Hart, Blincow & Thomas, 2007).

Often adults make the decisions about young people's participation rather than trusting young people to know what is right for them. There does seem to be a consensus however, that young people's participation requires 'child research ethics' (Powell, Fitzgerald, Taylor & Graham, 2012, p. 1) linked to rights principles (Hill, 2005; Powell, Fitzgerald, Taylor & Graham, 2012), that explore both ethical codes and situated ethics; 'an ongoing process of questioning, acting and

reflecting' (Gallagher, 2009, p. 26). Currently however, the voices of young people are largely missing from this exploration of ethics, which perhaps reflects the ongoing difficulty for adults in recognising young people as having their own agency, and regarding young people as key participants (Tisdall, Davis & Gallagher, 2009), who are entirely competent in making decisions in their own best interests (Alderson, 2012).

### **The process of participatory action research**

Involving young researchers and working with them on this study was both challenging and inspiring. The young researchers were all involved in different ways, to different degrees and at different times, and this was ok as PAR does not mean everyone engaging in the same activities to the same degree (Burke, McMillan, Cummins, Thompson, Forsyth, McLellan & Wright, 2003), but instead everyone contributes their own expertise as, and when, they choose. It did mean though that communication had to be clear and organised to ensure that everyone had all the information needed for whatever task they were performing, and that they were fully briefed at all times. To make sure this happened, a diary was kept of young researchers' involvement, which included times, events, trainings and conversations. Records of all meetings, trainings and discussions were kept so there was a clear understanding of everything that was going on and it could be shared.

Facilitation by myself was central and essential to the research process in keeping everything on track, recruiting and training young researchers and helping them to understand research methods and ethics, acting as a communication hub between all researchers, and supporting the young researchers throughout the process. However, in this research, young researchers influenced all stages of research from the planning stage onwards and we carefully followed guidance from the literature (e.g. Holmes, Stewart, Garrow, Anderson & Thorpe, 2002; Fern & Kristinsdottir, 2011). The young researchers agreed and designed methods, gathered information, analysed data, and contributed to understanding data and the writing up process, providing their own unique perspectives to research, as suggested by Lambert, Glacken and McCarron (2013). Participatory research has the potential to produce trustworthy and relevant findings to the area under study (Lambert, Glacken & McCarron, 2013; Vaughn, Wagner & Jacquez, 2013). It captures different voices and perspectives, and research shows that participatory research has best results where young people are fully involved in all aspects of research, with a better chance of success than those with lesser involvement (Percy-Smith, 2010). The success of the results and outcomes for young researchers is evidence of the value of involving young survivors in research with other young survivors.

Our many discussions were circular and repeated due to the many different conversations we were having, sometimes in small groups, other times one to one. Each of these conversations then had to be shared with everyone so that we all had the same information. For example, as I informed one young researcher of another researcher's contribution to the discussion, I would listen to their thoughts and then relay any new opinions and ideas that were then generated to all the researchers. All new ideas, thoughts or questions generated by this method would then be relayed back round everyone again and the whole process repeated as many times as necessary, so everyone had the same information. This process helped clarify our ideas and hone our thoughts, particularly as we began data analysis. Constantly talking and thinking over the same ideas helped us to identify themes and understand the meaning of what young people were saying.

After the training on research methods, we agreed to use mixed methods, as already outlined in the chapter on methodology, running in parallel and designed around the research question to gather data (Morse, 1991; Creswell, 2003). As already mentioned in the results chapter, the different methods young people could choose to use to share their views met with varying success. Some methods, such as the online chat, which we had thought would be very popular, were not as popular with young people as other methods such as the survey and graffiti wall, perhaps because of the greater anonymity which was afforded to young people by choosing these methods. Even when using online chat, which was already anonymous, the young people still preferred to use the private chat function rather than the group chat provision.

Using the group chat led to young people sharing information of a general nature and their general views however, almost every one of those involved with the online chat then used private message to share far more personal and intimate details about abuse. It is well documented that shame (Andrews, Brewin, Ochera, Morton, Bekerian, Davies & Mollon, 2000; Talbot, Talbot & Tu, 2004), guilt and negative reactions often accompany abuse disclosures (Ullman, 2008; Hunter, 2011), and it seems likely that it was these feelings of shame and guilt that prevented young people sharing more intimately on the group chat, even though they could not be identified. It is important to point out that whenever they used private chat, it was not used with other young people, including young researchers. Rather, the private chat was used exclusively with myself. Perhaps it felt safer to talk with an older person who they knew to be a worker.

There were different ways that young survivors were able to choose to participate and communicate their views to the study. In the Centre at 18u, they could use the graffiti wall or even chat to someone in person if they wanted to and many chose to use the wall. For the majority though, using

the Internet meant that they could utilise chat, messenger, text, Instagram, ooVoo, WhatsApp, Kik, Hangouts, the online forum, the survey, interview or email, and this gave young people the complete freedom to text, message, write, draw, send links to art or music, use video clips, photographs, Emoji's or express themselves in whatever way they chose. This was very popular with the young people and those involved certainly chose different ways of expressing themselves.

The young researchers were really creative and innovative in how they approached the research. Perhaps this was in part due to the shared leadership, and knowledge sharing contributing to team creativity (Lee, Lee, Seo & Choi, 2015). During the many discussions and training workshops we were having they would go off at tangents to further think through such things as trying to understand research methods and ethics and would occasionally make a game of it. In this way, we would have an impromptu research session on the range of rubber bands for example. Also, during data analysis, after they made clear that they found the process tedious and challenging, they came up with the idea of making colourful charts and graphs so as to understand the data more easily.

### **Social media**

Use of social media for communication has become increasingly pervasive and almost compulsory amongst young people in Western societies (Marwick & Boyd, 2014). Engaging in social media is an activity that benefits young people by enhancing communication, social connection, and even technical skills (Ito, Horst, Bittanti, Boyd, Herr-Stephenson, Lange, Pascoe & Robinson, 2008). Social media offers endless opportunities for connecting with friends, classmates, family and people with shared interests. A large part of young people's social and emotional development is now occurring while on the Internet using computers, devices and mobile phones. Young people of today were born into the age of the Internet and have no knowledge of life without it. They have always had a vast amount of information readily available to them from a computer or device, and friends, family and social connections have always only been a click away through mobile, text and social media.

Young people are estimated to use technology up to nine and half hours per day (Katz, Felix & Gubernik, 2014). One study has shown that most teenage girls reported having friends they communicate with almost completely online (Levine & Stekel, 2016). They have grown up using IT in a way that is second nature to them and they are the experts on it (Shifflet-Chila, Harrold, Fitton & Ahmedani, 2016). One study found that two thirds of teenagers believe they are the "expert" when it comes to technology in their home (Fletcher & Blair, 2014). Shifflet-Chila et al. (2016) found that young people viewed themselves as experts when it comes to technology or when using

technology to communicate. They spoke of their expertise, particularly their knowledge to repair equipment, ability to use IT, sense of pride in their ability, and their parents' acknowledgement of their ability. People born after 1994 are termed “digital natives” (Prensky, 2001) signifying that they are unaware of a world that is not digitally connected. Many of the current generation's parents and older people in society, are termed “digital immigrants” or people who are learning to use technology but do not incorporate it as part of themselves (Prensky, 2001). Older people are often taught and guided by younger people in the use of IT (Nelissen & Van den Bulck, 2018).

Young people in this thesis did not just use words when they communicated online. Neither did the young researchers. The fact that most Internet sites allow for multimedia content reflects the rising importance of visual content in Internet communication (Fastcompany, 2012), and the young people fully embraced this. Having young researchers as experts on how to talk, listen and understand what was being said using text, social media and Internet was invaluable in this study. As a digital immigrant and older person, my understanding of the Internet and communication was basic in the beginning. The young people in the study communicated in a way that was second nature to them, and this was how they were used to communicating. During data analysis of the results, young researchers could understand such things as the use of emoji's, links and text talk, and they sometimes quite literally acted as translators to help me understand the full meaning of what other young people were saying. We were keen to ensure the lived experiences of the young survivors were heard and understood fully and saw this as important (Mudaly & Goddard, 2006; Bryman, 2008). This meant that young people being able to use their own means of communication and own language, was vital to them communicating fully and being heard properly. The young researchers were very much part of translating, making sense of what was being conveyed and guiding me to a deeper understanding of the meaning of the young people's contributions.

### **Protecting children and young people**

The young people who took part in my research and also the young people in the literature review did not regard child protection systems as protecting them. Rather, young people who have become involved with child protection systems said that they were not believed, abuse was sometimes made worse for them and their information was widely shared leading to negative consequences including loss of control, trust and family. Young people in the literature review and this thesis also spoke about fearing child protection systems and avoiding child protection through remaining silent even when experiencing abuse or retracting allegations when faced with child protection or criminal justice investigations. In view of this, it is difficult to know how child protection systems can provide protection to these young people.



According to Fern (2012), protecting young people should not be about shielding them from difficult decisions and potentially frightening discussions, as all this does is increase their powerlessness and denies them the opportunity to gain information pertinent to their own situation, and participate in decisions that affect them directly. Current developmental frameworks characterise young people as vulnerable and in need of protection due to being immature, compliant and lacking in life experience (James, Jenks & Prout, 1998; Lee, 2001; Hill & Tisdall, 2014), and this leads to the rationalisation for their exclusion in decision-making on the grounds of increased vulnerability (Mason & Steadman, 1996). Despite the Children's Act stating that young people should be listened to and involved in decisions that affect them, perceived vulnerability and child protectionism places power in the hands of authorities. Other perspectives however, argue that it is economic and political inequality, and subsequent powerlessness arising from this, that promotes vulnerability, abuse and the potential exploitation of young people (Kitzinger, 1990; Olsen, 1992; Mason & Steadman, 1996; Mayall, 2002). Some academics argue that protection of young people would be better achieved through open discussion with them, empowerment and moving towards greater autonomy and equality of relationships. (Olsen, 1992; Smith et al., 2003; Archard, 2014).

Young people who have already been through the child protection system in the U.K. are reluctant to report abuse due to their experiences and fear of losing further control over their lives (Featherstone & Evans, 2004), and in other situations also young people feel they have little control over what happens to them (Thomas, 2000; Bell, 2002; Kristinsdottir, 2004). Attitudes of professionals towards young people's participation in decision making continue to be influenced by traditional child development models, and protectionist arguments are used to avoid transferring real power to young people (Winter, 2006), thus limiting young people's opportunities to influence decisions that affect them (Thomas & O'Kane, 1998; Shemmings, 2000; Luckock, Lefevre & Tanner, 2007). None of this contributes to building the trust and confidence that young CSA survivors need before they can share their experience of abuse, and as a result young CSA survivors often remain silent about the abuse they are experiencing well into adulthood.

### Chapter summary

This chapter discussed the inclusive child-centred methodology used which involved young CSA survivors in PAR. The use of PAR in the research led to growing trust between the young survivors and myself allowing the young people to share their personal problems and receive information and support. It also appeared to lead to the young researchers reporting improved self-esteem and self-confidence. Through PAR the young survivors were regarded by myself as the experts and were

able to share their expertise. The importance of PAR to empower young people and shift power was highlighted and the process of PAR was also discussed with its circular and repeated cycles and discussions leading to deeper understanding.

Young people's preferences for social media was also discussed in this chapter along with their different means of communication such as emojis and text talk. The involvement of young people in PAR was essential to the understanding of other young people's communication and their use of IT as this type of communication is not native to older people such as myself and therefore not easily understood without the help of young people. Having the young people involved as researchers was essential to this process and the process and outcomes of PAR were extremely interesting and an important aspect of this research.

This chapter also discussed child protection issues raising the question of how child protection systems can adequately protect young CSA survivors who fear or distrust their services. The experiences shared by the young survivors who contributed to this thesis were clear about their negative experiences and fears of child protection systems. They were also clear about wanting to remain in control of their own lives and their high need of confidentiality. This inhibited the young people participating in this thesis from talking about abuse to those who did not provide high enough confidentiality.

The next chapter discusses the conclusions of this thesis including its limitations and strengths and it makes recommendations for policy and practice and for further research based on the unique findings of this thesis.

## **Chapter seven: Conclusions and recommendations**

This chapter explores the limitations and strengths of the empirical research before going on to discuss the conclusions. There is a reminder of the research question and of my research position. Recommendations for policy and practice and further research are then made and linked to the findings of this empirical research.

### **Limitations, bias and strengths**

It is important to acknowledge the bias, limitations and strengths implicit within this research. “All knowledge, necessarily, results from the conditions of its production” (Stanley and Wise, 1990, p. 39) and, according to Hodkinson (2008) our bias affects the subject matter, research question, how it is carried out, where it is done and even how we code and analyse the data. This is true for this study as certainly, my research interest and the subject matter of my research was determined by my own lived experiences, my work with CSA survivors, particularly young survivors and my social and cultural background. Also, although there were other researchers involved in all aspects of the study, I was the lead researcher and the research was being conducted for my PhD. My involvement, direction and aspirations would have certainly influenced the study, though hopefully, mostly in a positive and empowering way. While there are strengths through my work and involvement, there are also limitations associated with it.

I have worked for over forty years in the field of CSA providing services, support and information services for survivors of sexual abuse of all ages and genders. Initially I worked for over fifteen years within Women’s Aid and Rape Crisis Centres, providing support services for adult women who had been physically and sexually abused, before going on to specialise in my current position, by setting up support and information services and working with young CSA survivors. My many years in the feminist movement lobbying for equality and services for women, in addition to being involved directly in service provision, has probably contributed towards my views and continued interests in the field of abuse. There can be little doubt that I have some bias when it comes to the issue of CSA and, as I pointed out in the literature review, my position as an insider in undertaking this research was made quite clear. This does mean though that I am in the privileged position in being able to easily access, and understand from an inside position, some of the views of survivors of abuse and in a strong position to represent the views of this marginalised group (Corbin-Dwyer & Buckle, 2009; Gair 2012). At the same time of course, it could be argued that I am too close to the subject matter and therefore limited (Morrow, 2005) in how I might understand and interpret the data.

However, this was addressed through the methodology used in the study. The mixed methods approach used to gather both qualitative and quantitative data (Plano-Clark & Creswell, 2008) allowed for triangulation of the data. We used question triangulation, method triangulation and participant triangulation as described by Orme and Bell (2015) to discover data through different methods, voices and sources so as to endeavour to discover a more detailed and accurate picture. We also gathered enough quantity of data to provide strength of numbers, while having in depth qualitative data to add richness and explore deeper meaning of the data. The use of PAR involving young survivors as researchers allowed for, and encouraged, different interpretations of the data thus enabling the voices of young people to come through. Additionally, the transparency of methods and the data allows readers to analyse the data for themselves and form their own opinions.

For the young researchers too, they all came to the research with their lived experiences of being young people, abuse survivors, some disabled and some with personal experience of mental health problems. Each one had their own particular bias, individuality, expertise and lived experiences, plus their own issues, to contribute to the research. They each had their own agenda, strengths, weaknesses, hopes and expectations, and all of this contributed to providing a wide range and wealth of backgrounds and experiences. While we all had things that we shared in common with each other, such as being involved with 18u and being abuse survivors, there were as many differences between us as there were similarities. This created a complex and diverse mix of researchers allowing us to explore similarities and differences in our understanding of the data.

These similarities and differences united to provide a wealth of knowledge that underpinned this research. We worked hard during the research to reach common ground and common understanding, and acceptance of what we were doing, why we were doing it, and how we interpreted data and the many different meanings we discovered and explored. We also had to accept our different perspectives and positions. Time and space to explore further was a limiting factor. Life events constrained many of the researchers and compromise was necessary. We succeeded in reaching agreements during the research, including research methods and the themes emerging from the data. While in some ways we were limited by our different backgrounds, ages, biases and perspectives, the common goal we held, and our ability to work together to reach agreement, was a real strength. The multiple perspectives, positions and intercontextually could be viewed as either a strength or a weakness depending on a person's viewpoint. According to Bland and Bell (2007) it is the differences and disjunctions that provide hope and opportunity.

It is a possible limitation of the study that not all the young researchers continued to be involved in the research at all stages, and some dropped out after the first few months, while others joined the research later. It is certainly possible that we might have had some different results had all the researchers joined in at the same time and continued together throughout the whole research. The many transitions, with young researchers joining and then leaving meant that we all had to work hard to ensure continuity during the research, and it is possible that this may have disrupted and slowed down the research to some degree. On the other hand, the continual transitions also meant that we had to work harder at communication with each other than we might have otherwise. The transitions meant that we revisited themes repeatedly and there was a constant dialogue with all researchers, with some going over the same data and conversations several times to ensure that everyone had the same information.

It is acknowledged that, as the organisation I work for was contributing towards my studies, there could be an element of bias in my thinking and planning and this could be an important limitation of this study. The Management of 18u, my employers, agreed to contribute towards me undertaking my doctorate studies. This contribution was in terms of allowing me work time to study, paying part of the fees, and agreeing that I could carry out research within the organisation. There were several reasons for this. Firstly, the management are always keen to promote the personal development of staff, particularly a senior member of staff. Funding exists within the organisation for staff development and training and it is good practice for charities to provide some funding for staff to undertake studies that can enhance the workforce skills, knowledge and experience. Secondly, as the research was to be carried out within 18u, the management were interested in the results. This was because the results of research could help guide future policy and practice development. Lastly, the management were keen to see 18u develop into a research centre so to further increase knowledge in the field of CSA and provide opportunities to give young abuse survivors a voice. Having said this, the management gave complete freedom for me to decide the research question, methodology and implement the research as I chose, and did not interfere or get involved in any way after giving permission so as to minimise bias and limitations.

The research itself was carried out in 18u with young people who were service users and past service users of the organisation and whose abuse was unknown to child protection services. This meant that only a specific population of young survivors of CSA were involved in the study. Only those who had been able to find and access the services of 18u could be included in this study and give their opinion and views. There are certainly many other young CSA survivors who did not have the knowledge, confidence or ability to access this service. Or perhaps other young people

who knew about 18u did not wish to use its services or take part in the study for other unknown reasons. It is certainly possible that these young survivors who did not take part might have a completely different perspective from those who used the services of 18u or decided to take part in the study. While this study deliberately chose only to contact young survivors of CSA through 18u, for reasons of convenience and sensitivity, it is acknowledged that, while it was a convenient way of reaching a large number of participants of a particularly sensitive population who might otherwise be difficult to reach, it is also a limitation of the study. However, to undertake research with a such a vulnerable population, access to them can be challenging and trust is necessary. Building trust with young survivors would take time, but being an insider meant I already had trust by virtue of being involved in the organisation, and communication was easier due to a shared understanding of some of the issues of abuse.

It is possible that the negativity of the young survivors towards authorities that was evident in the results of this study, did not represent the general views of young CSA survivors. The young CSA survivors in the study were all associated with one organisation and it is certainly possible that many of those who contacted and used these services were already hostile to authorities for a variety of reasons that I am unaware of, and which were not revealed in the study. Though some ( $n = 50$ ) of the young survivors did indicate that they had used other services and were unhappy at the lack of confidentiality, it is completely possible that there are other young CSA survivors who are content with existing services and have had more positive outcomes to investigations and in their contact with criminal justice systems and child protection systems. It is possible that those with a different and more positive experience might be quite content with current levels of confidentiality that exists and these particular young survivors were not part of this study. Further research and comparisons with different groups of young survivors would be needed to more fully understand and be more representative of young survivors.

The young researchers all required a very high degree of support to take part in the research and all of them had lives that, on the whole, could be described as chaotic. This led to provision of support and information for personal issues such as mental health, homelessness, finance, and abuse. Some of this took up a lot of time and emotional capacity during the research, particularly when two of the young researchers revealed that they were living with ongoing abuse. The emotional impact of this could have influenced the young researchers in their thinking during data analysis, and possibly even myself to some degree, though I am a very experienced worker therefore this is less likely. However, time was limited already by the constraints of work and study, and additional time was necessary to provide practical and emotional support to those young researchers who needed it.

While this possibly caused some limitations in terms of reducing the time and energy available to apply to the study, at the same time, in many ways it also led to a deeper and richer experience and understanding of the needs of the young researchers through being immersed in their ongoing personal experiences.

There were some limitations in the research due to many of the young people preferring to talk online. This meant that a lot of the dialogue and data that resulted was written rather than spoken, though there were some Skype conversations. Being unable to see facial expressions and body language as people talked, meant that some opportunities may have been missed for more fully understanding the finer meanings of what was being said. Sometimes tone of voice, expressions and other non-verbal clues can aid understanding of very complex issues and it can be easy to misunderstand only the written word. Though we did try to compensate for this through the use of multi-media and through constantly asking young people to explain their statements further, the lack of tone and expression, and in some cases grammar, meant that it was more limited in some ways. There were some advantages however, in that it was what the young people wanted and chose for themselves, and it also meant that the young people had higher anonymity due to being unidentifiable online.

We were keen to ensure that the lived experiences of the young survivors were heard and understood fully and saw this as important (Mudaly, & Goddard, 2006; Bryman, 2008). This meant in practice that young people were able to use their own means of communication and their own language, which was vital to them being able communicate fully and be heard properly. The young researchers were very much part of translating this language, making sense of what was being conveyed, and guiding me to a deeper understanding of the meaning of the young people's contributions. The young researchers translated the data and symbols leading to possible multiplicity of understandings of meaning. This was especially the case as I tried to make sense of the online language used and constantly needed the expertise of young researchers to interpret meaning. This meant that there were multiple perspectives being viewed and interpreted through multiple lenses. Although some, such as Orne and Bell (2015), might regard this positively as presenting further opportunities to increase understanding, it was also a limitation in that it is possible that these multiple meanings were confusing and perhaps even missed some other meanings. Attempts were constantly made however to check out the meaning directly with the young people who were participating through asking them to explain what they had said further, rather than assuming knowledge or accepting only what the young researchers interpreted.

There were also limitations caused by the age difference between the young researchers and myself, which meant a cultural and language challenge for all of us, particularly when the young people were talking to me online. Given as most communication ended up being online, this meant an ongoing communication challenge. The online language of emoji's, links, pict's, gifs and acronyms were relatively new to me, and the young people had to teach me many of the meanings. This online language also seemed to be in a constant state of flux, which added to the difficulties of understanding. While the young researchers were more able than me to understand what the research participants were meaning and trying to say, and we were able to check out meanings by referring back to the young people, they still had to convey the whole meaning to me as the person writing up the results and the discussion. At the same time, they also had to learn my way of communicating and have a high degree of patience with me. While these challenges were quickly and consistently dealt with, it is possible that some meanings were lost in translations and between understanding, age and culture. It is also possible that the wide range of experience and skills held by all the researchers combined to create a unique and highly competent research team.

## **Conclusions**

For the sake of a comprehensive conclusion, I think it is worth reminding the reader at this point of my original research position. I am a survivor of CSA and have worked in the field of abuse, setting up support and information services, and supporting other survivors of all ages for over forty years. This means that I have a lot of experiential and practitioner knowledge about the subject though some might argue I am too close to the issue to present an unbiased perspective. However, this closeness is also a strength because I have an in depth knowledge of the complexities of abuse, the needs of survivors and the systems that surround them. I also have many years' experience of development and delivery of evidence-based abuse prevention programmes.

I approached this research from the position of an insider as detailed in Chapter one and with the belief that abuse survivors are experts on their own lives and that they should be equally involved in research, so as to have a voice and help contribute to knowledge production. I have remained aware of my position, and of the potential bias throughout the research, and of the many challenges for insider researchers. However, I believe that part of the strength, as well as challenge, of this research has been the involvement of young CSA survivors in PAR, providing unique and multiple perspectives, and intercontextually, which according to Bland and Bell (2007), provides hope and opportunity.



This thesis began with reviewing the literature concerning young CSA survivors' views about confidentiality of services. Such was the scarcity of literature, that the review had to be extended firstly to include young people's views about abuse in general, and then further extended to include young's people's views of confidentiality in regard to sexual health services. Some of the reasoning behind this was the belief that young CSA survivors might, through necessity, possibly be users of such services. The results of the literature review found that there was limited participation of young people in research and that confidentiality, trust, being believed, and staying in control of their own lives were all extremely important to the young people in the studies. The review also highlighted the lack of literature regarding the views of young survivors of CSA and the limited methods used in studies to reach and include young people in them. Most importantly, this review helped identify the gaps in research and inform the research question for this study.

The questions for this research study were:

- 1) What are the views of young CSA survivors whose abuse is unknown to child protection services about confidentiality?
- 2) What are the conceptual and methodological areas relevant to young CSA survivors to build on current knowledge in the field?
- 3) What outcomes will there be for young CSA survivors when using participatory research to explore these views?

The research conducted for this thesis, quite uniquely involved 140 young abuse survivors, all of whose abuse was unknown to child protection authorities. An important finding was that current levels of confidentiality are insufficient to their needs and all of the young survivors wanted a higher degree of confidentiality than they currently receive from services. Of those, 77% ( $n = 106$ ) of young CSA survivors wanted complete confidentiality (i.e. under no circumstance will confidentiality ever be broken). A further 14% ( $n = 19$ ) wanted almost total confidentiality (only in situations when there might be immediate danger to other people or a child should any information be shared), and though there was some acceptance that there might be rare occasions when confidentiality might need to be broken, the young survivors felt that their personal information should still be kept confidential and only information about the person in danger should be shared. Confidentiality and privacy were the most important issues for all participants. Even when participants raised other issues such as trust, being listened to, being in control, being believed and

being able to talk openly about abuse for example, these were linked to the high need for confidentiality. Without higher confidentiality being provided to young CSA survivors it is likely that many will continue to remain silent well into adulthood.

This finding is important considering the limited confidentiality our current child protection systems provide, and is possibly one of the most important reasons why young CSA survivors do not usually disclose the abuse they are experiencing while they are young. Challenging some services to become more confidential, in line with the identified needs of young CSA survivors, might possibly lead to a revolution in how young survivors of CSA are supported and helped. Possibly higher confidentiality of services might lead to more young survivors becoming able to disclose their abuse, talk to someone that they trust, and get help at a younger age.

There were differences in the results in this research with regard to age and gender, with younger males more inclined to talk about bullying and physical abuse but being quite reticent about disclosing sexual abuse, when compared to younger females. As the age of the males in this study increased though, contrary to other studies, (Watkins & Benovim, 1992; Jackson et al., 2013) they became more willing to disclose sexual abuse. In contrast, the young females were willing to disclose sexual abuse regardless of their ages. It seems that age and gender play an important part in disclosure of particular types of abuse though reasons for this are unclear from this study.

There was a difference too in the level of confidentiality that survivors of different ages and genders wanted. All of those under the age of 16, and young males in particular (of all ages), wanted the highest degree of confidentiality possible. This insistence on confidentiality for under 16's was likely due to them not generally experiencing this from services, but for young males there were possibly other important issues at play, including the way that CSA is gendered towards women and the lack of services already highlighted earlier in this thesis. It would appear that there is still a lot to learn about younger CSA survivors and male survivors.

This study highlighted the importance for young CSA survivors of building relationships based on trust in confidentiality, being listened to, being believed, and having adults available with a positive and helpful attitude who would not judge them. Staying in control of their lives and the process of disclosure was also important to the young survivors. Retractions of abuse by young people and the reluctance of young survivors to disclose abuse, would indicate that something different might be needed if society and agencies want young CSA survivors to be able to talk and disclose abuse while still young. This current study suggests that having the opportunity to access highly

confidential services could help meet the needs of many young CSA survivors, whose abuse is currently unknown to child protection services, and might possibly lead to more positive longer-term outcomes for them.

Several other important issues emerged from the study. For some of the young survivors, they felt trust had been betrayed after they had disclosed abuse, and child protection services got involved. This was not what these young people had wanted and for some, their situation was made worse, leading to loss of control, high stress, bullying, further abuse in some cases, and intrusive investigations. Subsequently, a number of the young survivors retracted their allegations of abuse rather than continue with the child protection processes. Perhaps if the limits of confidentiality with the person or service that they were talking to had been made clearer, this might not have happened. It seems, from the study, that some of these young people had believed they could trust the person with personal information, but when the person broke the confidentiality of the young person, there was a sense of betrayal and loss. Clarity before the young person disclosed and a higher degree of confidentiality might have prevented this.

It is important to try and understand the reasons behind young survivors not disclosing abuse at all or, once they have disclosed the abuse, then retracting what they have disclosed. This study found a number of important factors were involved in the retraction of disclosures. These included factors that young survivors regarded as negative consequences of telling including the sharing of information about them without their consent, the process of the police investigation, feelings of unbearable stress, and not wanting to get the alleged offender into trouble. While it is difficult to know all the many factors leading to retraction of allegations of CSA (Malloy, Mugno, Rivard, Lyon & Quas, 2016), my study was able to provide some clear insight from the young survivors as to some of their reasons for it. The provision of confidential services would almost certainly address the factors that the young survivors highlighted and make it easier for young survivors to remain in control of their lives and the disclosure process. If a young survivor was able to disclose in a confidential setting prior to, or instead of, going through the child protection or criminal justice systems, perhaps there would be fewer retractions, and more young people better prepared for all that the child protection and criminal justice systems entail, should they eventually choose to go down that route.

Young people in the study who had experience of high confidentiality had described being able to talk openly and build trust with an adult, often for the first time ever, without fear of negative consequences. The reduction in isolation and the increase in knowledge and confidence helped the

young survivors explore options and feelings, to the point where they could take charge of their lives and take positive action for themselves. Being in control was important to the young survivors. Being in control, reduced their stress and they reported feeling empowered and having time to think about how to change their own situations. They had time to reflect and recover from some of the trauma they had experienced while being listened to, believed and not judged.

Time to reflect seemed important to the young survivors in this study. Perhaps professionals and other people in a position of building trust and confidence with young people might be able to also consider giving young people more time, by delaying the sharing of information, when abuse is disclosed, rather than acting immediately. A delay might possibly provide time for the young person and the adult to consider options, process information and feelings and ensure that the young person is fully informed about procedures. Even within current child protection and criminal justice processes, there might be ways of giving young people more time to think and come to terms with the processes.

While it is never a young person's responsibility to safeguard themselves from abusers, given the abusive situations that many young survivors, such as those who participated in the study, have been in, and the silence they have needed to maintain, providing them with a confidential space may help them. It can also allow them to gain further knowledge about their situation, discuss possible outcomes or choices and gain in confidence. Through this, they can perhaps learn some self-protection skills and gain in understanding and information, which can in turn lead to them seeking help and disclosure. The alternative to this for many of these young survivors who strongly resist the child protection system, is to maintain their silence until they reach adulthood and through this, possibly endure years of abuse.

The decision to use inclusive child-centred methodology in the study, so that young survivors had an active voice, led to the use of PAR. During the research the young researchers talked about their own issues, isolation and their personal experiences of abuse, homelessness, mental health and self-harm. It appeared that through reading and discussing other young survivors' experiences, they began to identify with other survivors and feel less alone. As their trust and confidence grew, they became much more vocal and more prepared to talk about themselves. Over the course of the study, all of the young researchers shared their personal stories in depth with the lead researcher and even sought support and information for problems they were currently experiencing. For some of them this was a unique experience and there were things that they had never shared before with anyone.

All of the young researchers reported feeling empowered and that they felt they had achieved and accomplished something really important that made them feel good.

Involving the young researchers in this study meant letting go of control and power at an early stage of the research. The young researchers had an equal say in the research and they very much chose the direction and development of the research process. Given that the young researchers were new to research and were not well known to the lead researcher at the beginning of the research, it felt both risky and innovative to decide to involve them and let go of power. However, as the research developed and the young researchers became more fully involved, PAR became more interesting and exciting. The young researchers inventive ideas, original ways of thinking, learning and sharing added real energy and drive to the research and all of us had a very steep learning curve.

There were some challenges in using PAR with the young researchers. These included issues of communication, different abilities and ages working together, the ongoing challenges for some of the young researchers to find stability in their lives and the additional time needed for participatory research. However, the benefits and outcomes far exceeded the efforts put into addressing the challenges. We all enjoyed the process, learned a great deal from each other and all felt incredibly empowered by it. The unique experiences and knowledge that the young researchers brought to the process, along with their enthusiasm, new ideas, and expertise was invaluable and added a new dimension to this research and to the knowledge gained from it. Their insight, interpretation and vision added different voices and meanings that might not otherwise have been thought of or considered. Without their involvement as co-researchers, this research would be interesting and unique, but the involvement of the young researchers transformed it into exceptional and distinctive.

### **Recommendations for practice and policy**

The data gathered for my PhD plus the insight the young people gave into their lives and experiences whilst actively engaged in the research process has really prompted me think carefully about the recommendations that I feel are important for practice and policy. Each of the following recommendations are based on my findings from across the research as a whole but predominantly on the data gathered and my analysis of the findings. The young researchers were also fully involved in helping make recommendations but they did not use the academic language that I use here and felt that it was a paper exercise rather than something that would be taken seriously. To quote a young researcher about recommendations:

“It’s obvious what we need to recommend not that anyone will listen. How many times do we have to say? All the young people involved in the research have said it too. We need to be able to really trust someone before we can talk about abuse and we can only do that if they keep confidential and don’t run off sharing what we say with everyone else so they can feel better. What about helping us to feel better?”

The recommendations are:

- Young survivors have made many demands in this study for confidential services so they can begin to trust people enough to talk about their abuse and get help, information and support. I would recommend increasing confidentiality of services for young people as a way to effectively engage with more young CSA survivors.
- Existing successful confidential agencies for young people such as 18u and Childline could be modelled by other agencies to create new services aimed at young people, or a change in policy could be made within existing organisations to meet the needs of young people for higher confidentiality.
- Statutory and agency guidance for workers should include reference to evidence based research about young people’s need for high confidentiality so as to guide child protection assessments and decision-making processes involving young CSA survivors.
- Agencies could, if willing, adapt policies, guidelines and workers contracts to better suit the needs of young people for higher confidentiality. Instead of breaching confidentiality, there could be a more considered and individualistic response provided, and perhaps even a referral to a confidential agency. Workers could, with support from management, be trained in understanding the identified needs of young CSA survivors, take time before making decisions and include the young people equally in decision-making processes and procedures. In many agencies, a change in thinking and policy shift could lead towards the provision of more confidential services for young people.
- It is recommended that rape crisis and other survivor organisations consider the findings of this study. Listening carefully to the voices and needs of young survivors of CSA might help

inform practice for these agencies when considering their future policies and practices regarding confidentiality and young survivors.

- Findings from this study revealed that young males are reticent about disclosing CSA and the study had a low number of males involved. It is therefore recommended that consideration be given to extending existing survivor services to younger male survivors as there are currently so few services available to young male survivors.
- Policy makers and agencies need to consider child-directed practice which takes account of young people's current status of inequality, with a focus on young people as knowledgeable actors in their own right. This involves a power shift towards greater equality between young people and professionals, paying full regard to the right of young people to be included in all decision-making. Recognising young people as having the knowledge, ability and wisdom to be actively involved in making sound and appropriate decisions about their own lives, rather than being regarded as passive and needing others to make important decisions for them.

### **Recommendations for future research**

The following recommendations were based on the findings from this thesis and through discussions with the young researchers. The young researchers were interested in the concept of further research with young CSA survivors providing it involved young survivors in participatory research. For them, this was the most important aspect of any research. For myself, I would have liked to explore many of the issues arising from my research further but at the moment am restricted to this thesis. The following bullet points are the recommendations.

- From my findings of involving young people in PAR which appeared to be a very positive experience for the young researchers and provided a unique and insightful lens, I would recommend further participatory research with young people to gain deeper insight into young people's experiences.
- Further research is needed with other populations of young CSA survivors. The current research was confined to survivors within one agency and there is a need to reach young survivors in other agencies to seek their views on confidentiality. Another confidential agency such as ChildLine might present opportunities for further research with young CSA

survivors, or perhaps research might be possible with young CSA survivors in other countries. It would be interesting for a comparative analysis to be carried out between this study, and another study with other young survivors, to explore whether or not the results are similar to this study, and also to increase knowledge about the needs of young CSA survivors.

- Longitudinal research following survivors through the process of disclosure, investigation and recovery is recommended. Little is known about long-term outcomes for young CSA survivors and whether or not there are long-term benefits, or adverse effects, of going through child protection and/or criminal justice systems, compared to using confidential services. A longitudinal study, carried out across agencies, including confidential agencies, would increase knowledge of the needs of young survivors and outcomes of them in taking different routes towards recovery.
- There remains a need for research into the needs of young male CSA survivors, particularly those under 16. As the literature review and data gathers for this thesis highlighted, there is a general lack of studies with young male CSA survivors as a whole and knowledge about the needs of, and issues for, male survivors is scant. The reluctance of younger males in this study to disclose CSA contrasted with their willingness to disclose physical abuse and bullying, and this is another matter that needs further research. Until we know more about what young male survivors of CSA need, it will be challenging to provide services that they would consider using.
- The absence of LGBTQ young people from my research meant that I was unable to find out their views about confidentiality therefore we do not have a complete picture of the wider population of CSA survivors and what their views might be. Research is needed which allows young people freedom of gender identity and sexuality and there is a need for research into the needs of young CSA survivors who are LGBTQ. This would help academics build up knowledge about CSA survivors that might prove useful in designing accessible services, or specific services to suit the needs of different people.
- My research has added new insight into the causes of retractions of abuse with young people stating that the stress they experienced through the child protection and criminal justice systems led them to retracting their allegations. Further research on abuse retractions is needed to verify these findings, consolidate them and add to the body of knowledge.



- Young people involved in my research who had their confidentiality broken spoke about retracting their abuse allegations due to the stress and negative consequences caused by involvement in child protection and criminal justice systems. I therefore recommend research to explore any link between retraction of allegations and confidentiality to increase knowledge and understanding of any relationship between these. This could further inform practice.

This chapter discussed the limitations and strengths of my research and highlighted the high need for confidentiality and the importance of building trust based on confidentiality that is so important to young CSA survivors. This chapter also highlighted the issue of young people retracting their abuse allegations after their trust had been betrayed and child protection services became involved causing stress, loss of control, further abuse and intrusive investigations. These findings are unique and are an important contribution to knowledge. The importance of young people being involved in and feeling empowered through PAR was also discussed.

I feel it is important to disseminate all these findings and the recommendations from my research as they are important to researchers and to practitioners so that they can hear the voices of young survivors. Already I have presented papers at sexual exploitation conferences in Ayrshire, Dundee and Edinburgh and published a paper from this thesis (Matthew, Barron & Hodson, in print) and there is another paper currently under review. Further papers are being written and some of these will possibly be co-authored by young researchers.

The next chapter reflects on my research journey from the earliest vague beginnings through the literature review to the exciting and anxiety provoking participatory research stages. The chapter discusses some of the dilemmas and tensions, the learning and the progression towards the endpoint of writing and presenting a thesis. It also highlights the importance of the journey with the young researchers and their massive contribution to this research and to original knowledge creation.

## Chapter eight: Reflections on the research journey

When I first decided to embark on working towards a PhD I had several ideas about how this might progress. Firstly I thought that I might struggle with completing it the allocated time due to my high work commitment as a Manager of a charity and busy home commitments as a foster carer and home educator of a disabled child. I also thought that, as a practitioner of many years' experience, I might struggle to become an objective researcher and an academic due to being an older person, late to education and perhaps too set in my ways to learn and change. Thirdly, I feared that I might in some way let down the young survivors that I hoped to help through my research and contribution to knowledge. Interestingly, as I progressed on the research journey over the months and then the years, I began to slowly realise that my self-doubts were gradually being replaced by an enthusiasm for learning, an anticipation of what I was next to read or discover and a strange kind of inner buzz of satisfaction as each milestone I had set myself began to be reached and passed. These changes in myself drove me forward and kept me going even when there were the inevitable life and work challenges that invariably crop up periodically.

My journey began with the literature review and the exciting scoping of journals and literature in many different areas and disciplines. I had been unaware of how vast and deep the literature was and quickly found myself reading extensively around issues that had never come to my attention before, such as the theory of human motivation, young people's end of life decisions and power systems, to name but a few that were completely out with my planned areas of research. Thankfully, my supervisors were able to guide me to realising how important it was to read widely but also to focus on the areas of my research question, though this then resulted in my disappointment at being able to find only one academic paper about the views of young CSA survivors on confidentiality. With the support of my supervisors however I soon realised that this was in fact a good thing as it meant there were gaps in knowledge about the subject I intended to research.

The decision to involve young survivors in the research as co-researchers came about through a combination of reflecting on the findings of the literature review and a number of discussions in my workplace with several young people and colleagues. Having discovered a lack of participation of young people in the studies in the literature review, I was discussing this with colleagues when a group of young people came into the Centre, joined in the discussion and said that they would like to be involved in research. It is maybe important to remind the reader at this point that young people can freely drop into the 18u Centre and that we have an open door policy meaning that they are free to go anywhere in the Centre, and join in with anything that is going on unless a door has been shut

for the sake of privacy. The discussions with the young people continued over the course of some months with different young people joining in and all continuing to express interest in what I was doing and what I was finding out from the review. Due to their continued interest coupled with the lack of participation that was found in the studies, I decided that participatory research was the best option for my research.

According to Reid, Brown, Smith, Cope, and Jamieson (2018) practitioner researchers involved in qualitative research can encounter ethical tensions and personal dilemmas that go beyond the ethical approval stage. These can include, “striving to maintain integrity and altruism, upholding autonomy in gaining consent and access, balancing protection of vulnerable participants with paternalism, managing multiple roles and power relations and avoiding harm in dissemination” (p. 74). Ethics can be situational and ethically sensitive issues often occur in the moment needing researcher reflexivity to respond ethically (Guillemin & Gillam, 2004; Hammersley, 2015).

During the course of my research I encountered both tensions and dilemmas and had to respond appropriately to these as an ethical researcher. An example of this occurred during an online chat session when a young survivor sent me a private chat message asking for advice about an ongoing abuse situation. This young person was at the same time taking part in a group chat session for the purpose of the research. The situation which was described to me was a serious one regarding sexual exploitation and grooming. The young person expressed distress in the private message and my first thought was to end the group chat session so as to protect the young person and be able to provide the person with my undivided attention. However, as I reflected and continued to chat privately with the young person as well as with the group of young people within the group chat, I realised that the same young person was responding appropriately in the group chat as though nothing was wrong and was actively involved in the session. My initial reaction in wanting to end the session was more about my own feelings and desire to do something. As I reflected, I realised that the young person had the right to decide whether they could continue with the research or not for themselves, rather than me deciding for them, and that they were taking appropriate steps to safeguard themselves through using private message with me to share and discuss the abuse they were experiencing.

Having young people involved as co-researchers was a huge learning curve for me both professionally and personally. Professionally my learning about what participatory research with young people actually meant in practice, and personally in learning to trust in the process and let go of control. I had prided myself on being very experienced in working with young people and had

carefully devised plans about keeping them involved in the research, providing training and support, sharing information with them and I had even written a survey for use in gathering data from other young survivors. As the young people got involved, at first I found it all very exciting and I was pleased about how well it seemed to be going. However, when I shared the survey with them, they announced that it wasn't good enough and rewrote it. I had to go back to the ethics committee for further approval of it, which I got. I then organised several meetings which no one showed up for or even acknowledged. When I did eventually get a group together, the training programme that I had prepared PowerPoint presentations, flipcharts and sticky notes for, did not work in the way I had anticipated, with the young researchers clearly bored by my presentations and flipcharts but remaining polite, while texting on their phones. It was only when the young researchers relaxed and took over, shared their own ideas of how to explore ethics and research methods and introduced creativity in the shape of their elastic band and office chairs research that the training progressed well. The young people were certainly willing to learn and share their own skills and expertise but they preferred to do it their own way rather than mine.

As the lead researcher who was working towards a PhD, I grew quite anxious at first at the young researchers' lack of engagement in the way that I had planned. Visions of the research not progressing at all, young researchers dropping out and me having to give up on participatory research loomed in my mind at first. Discussions with colleagues and young researchers then helped me realise that I had to let go of my preconceived ideas and plans about how the research should progress. After all the whole idea had been to listen to young people, get them involved and share power with them. Participatory research meant all of us working together in making and agreeing plans and then working together to make it happen. As soon as I fully embraced this, everything began to progress, not in my direction but in the direction of participatory research with young people. The young researchers' trainings and discussions became lively and creative with them demanding more than had been planned. Each young researcher decided their own involvement and everyone agreed that young researchers could join in or leave at any time, though they agreed that they would try and inform me if they were leaving. Mostly they did just that.

There were many areas that expanded my learning and development on this research journey not least of which was learning about research, methodology, ethics and data analysis but perhaps the greatest challenge and learning curve that shaped me both personally and professionally was in learning about and using new methods of communication. The young researchers, and the young people I spoke with on the chat forum and message boards and via social media and text, were digital natives having never known life without the Internet or mobile phones. They were fantastic

teachers to me with infinite patience, though they did find a lot to laugh at sometimes. Prensky (2001) would describe me as a digital immigrant and I found, as an older person, much of the modern ways of communication were foreign to me in the beginning and I had to be taught by the younger people how to use it (Nelissen & Van den Bulck, 2018). It wasn't just the language of text talk, pics and emojis that was a challenge but the methods of accessing chat forums, YouTube and following and opening links via mobile phone was a massive challenge for me. In fact, I had to often resort to using a computer rather than using a mobile phone because I could not download or work out how to use the various apps that the young people had directed me to download. Time and time again a young researcher or young person would give me step by step instructions to follow only to find me slowly struggling to catch and keep up with them. I do wonder if this helped to address the power imbalance between us as when it came to technology and the Internet, the young people held all the knowledge and power which they seemed to very much enjoy sharing with me, again and again.

I found the speed of conversations, especially on group chat or messenger, meant that I quickly lost track of the conversations if I did not concentrate hard and I had to ask repeatedly what was being discussed. Following several different conversations simultaneously was a skill I had to acquire rapidly, or I would completely lose the thread of the conversations. Such was the importance of not getting mixed up with who I was talking to on private chat during group chat, was that I had to focus and concentrate for quite long periods of time and learn to keep up. This was particularly important as I had to remain aware of ethics, protection of vulnerable young people and confidentiality at all times, as on the private chats young people were sharing personal information with me about themselves and abuse. At all times I had to remember that I was a researcher rather than a support worker or manager and although the style of communication was casual, I had to remain as objective and professional as possible. Sometimes the casualness of communication on group chat led towards young people forgetting our agreed boundaries and asking other young people personal questions, so I had to be alert and up to speed so as to quickly remind them not to ask personal questions on the group chat or divulge personal information to others unless they were absolutely certain that they wanted to share.

On a professional level learning about social media communication, YouTube, text talk and having young people share their expertise with me, greatly enhanced my Internet and online communication skills. Also, my many searches of journals and reading of academic papers over the years on this thesis journey improved my ability to find accurate information which has enhanced my professional practice. On a personal level, learning about how to use Internet links, find and

understand music videos, download apps and talk to young people on many different kinds of social media has improved my communication and credibility with my grandchildren and foster children. Being able to understand these methods of communication, entertainment and learning has helped bridge the generation gap in a way I would never have imagined possible prior to undertaking this journey.

As a practitioner, learning to be a researcher has meant becoming more objective, more reflective, a lot more questioning and less accepting of statements of fact. My journey has taught me to question what evidence there is to support facts that are being stated and to also question the strength of that evidence. Over the years of study I found that nothing was as fixed and clear as I had previously thought it to be. I had begun the journey with questions that I thought I might find the answers to, only to discover that many more questions arose rather than answers. For example, while I discovered that all young CSA survivors in my study wanted a higher degree of confidentiality than they currently receive from services, I am left with further questions such as why young males want a higher degree of confidentiality? Also, why are young males reticent about disclosing CSA, and will research with other young CSA survivors give similar results? Further questions I now have include what more can be learned about retractions of abuse and can PAR prove beneficial for young survivors?

In many ways it feels strange that only my name is currently on this work as the young researchers made such a huge and unique contribution to it. However, for reasons of confidentiality this had to be so, but I hope the readers of my research recognise the value I place on their involvement and their contribution. I feel very honoured to have had the young researchers involved in this work and greatly appreciate them sharing their time, energy, creativity and expertise with me. Having multiple lenses through which to research and analyse data made this a richer experience than I could ever have imagined possible. I feel hopeful that some of the young researchers will continue onto a new journey with me and become involved in publishing papers from this research and disseminating results. Already we are working on making the results of the research accessible to other young people on the 18u Forum. This involves us working together to translate the academic information into smaller bite sized pieces, making the language more accessible for young people and making links to other relevant information. The original contribution to knowledge that we have discovered is, in our opinion, ground-breaking and worthy of sharing widely and of publication.

Making an original contribution to knowledge was the intention at the beginning of this journey but in many ways we lost sight of this from time to time. As we went through the journey, the research journey itself, coupled with the day to day activities, took our attention and focus as we became deeply involved in training, gathering data, talking, reflecting, analysing and finding themes. However, this soon changed as we began to realise what we had discovered and how important it might be for policy and practice in providing services for young CSA survivors. Our research highlights just how important confidentiality is for young survivors, particularly those who are under 16 and young males. The original contribution to knowledge that we have made is to identify the need for much higher levels of confidentiality for young CSA survivors, whose abuse is unknown to authorities, to enable them to talk openly about abuse. Also, participatory action research with young survivors is both positive and desirable in contributing to understanding and knowledge building. Completing this thesis has been a journey of inspiration, hope and a depth of learning that I would not have believed possible. For the future I plan to use what I have learned, share it as widely as I can and keep on learning.

## Appendices

## Appendix One: Approval letter from ethics



School of Education and Social Work

Ref: BH/JL/E2016-12

25<sup>th</sup> July 2016

Laurie Matthew  
School of Education and Social Work  
University of Dundee

*Deans of School*  
Professor Timothy Kolly  
School Manager  
Grainne Barr

Dear Laurie,

**UREC Application E2016-12**  
**Exploring the views of young survivors of sexual abuse on confidentiality**

Thank you for making the minor suggested modifications to your application. I am pleased to inform you that the above application has now been formally approved.

Yours sincerely,

A handwritten signature in black ink that reads 'Beth Hannah'.

Dr Beth Hannah  
Chair, ESW Research Ethics Committee



**Appendix two: 18u confidentiality statement**

This is a Confidential Centre

All information relating to anyone involved in any way with the 18u Centre is confidential unless:

We have informed consent from the person to pass on information.

We have to get medical attention for someone who is not capable of giving informed consent.

We receive a court order requiring us to share information.

We are informed about acts of terrorism or treason.

There is abusive behaviour towards staff, volunteers or others in the Centre.

A crime is committed in the Centre.

We are given information about a child or vulnerable person who is in serious danger but cannot access our services for themselves.

Only a Director or Manager can make the decision to break confidence and in the case of this happening, then the person will be told first wherever possible.

**Appendix three: table 2.3: methods of grey literature review studies**

<b>Reference</b>	<b>Year</b>	<b>Interviews</b>	<b>Focus group</b>	<b>survey</b>	<b>Information gathered</b>	<b>Young people (YP) participation</b>
Matthew	1994	no	yes	yes	Age, gender, type of abuse, views about abuse	YP approached on street and invited to take part
Matthew	1997	no	no	yes	Age, gender, type of abuse, views of young people about abuse	YP approached on street and in schools and invited to take part
Cunningham	1998	yes	no	no	Age, gender, views about abuse	18u service users self-selected from advertisement
Ireland	1999	yes	no	no	Age, gender, views about abuse	18u service users self-selected from advertisement
Laidlaw	2000	yes	no	no	Age, views about abuse and confidentiality	18u service users self-selected from advertisement
Matthew	2000	no	no	yes	Age, gender, type of abuse, views of young people about abuse and confidentiality	YP approached on the street and invited to take part, YP helped analyse data
Godsman	2003	no	no	yes	Age, gender, type of abuse, views of young people about abuse	YP approached on the street and invited to take part, 18u
Godsman	2003	yes	no	no	Age, gender, type of abuse, views of young people about abuse	18u by invitation
Brown	2005	no	no	yes	Age, gender, type of abuse, views of young people about abuse	School, street, 18u
Carson	2005	no	no	yes	Age, gender, type of abuse, views about abuse	Street, community centres
ChildLine	2005	n.a.	n.a.	n.a	n.a.	n.a.
Ferns & Stace	2007	no	no	yes	Age, gender, views about abuse, evaluation and data analysis	n.a.
Laurie	2008	no	no	yes	Age, gender, views about abuse and confidentiality	YP involved in all aspects of research, approached on street and invited to take part
Matthew	2009	no	no	yes	views of young people about abuse and confidentiality	YP involved in all aspects of research, approached on street and

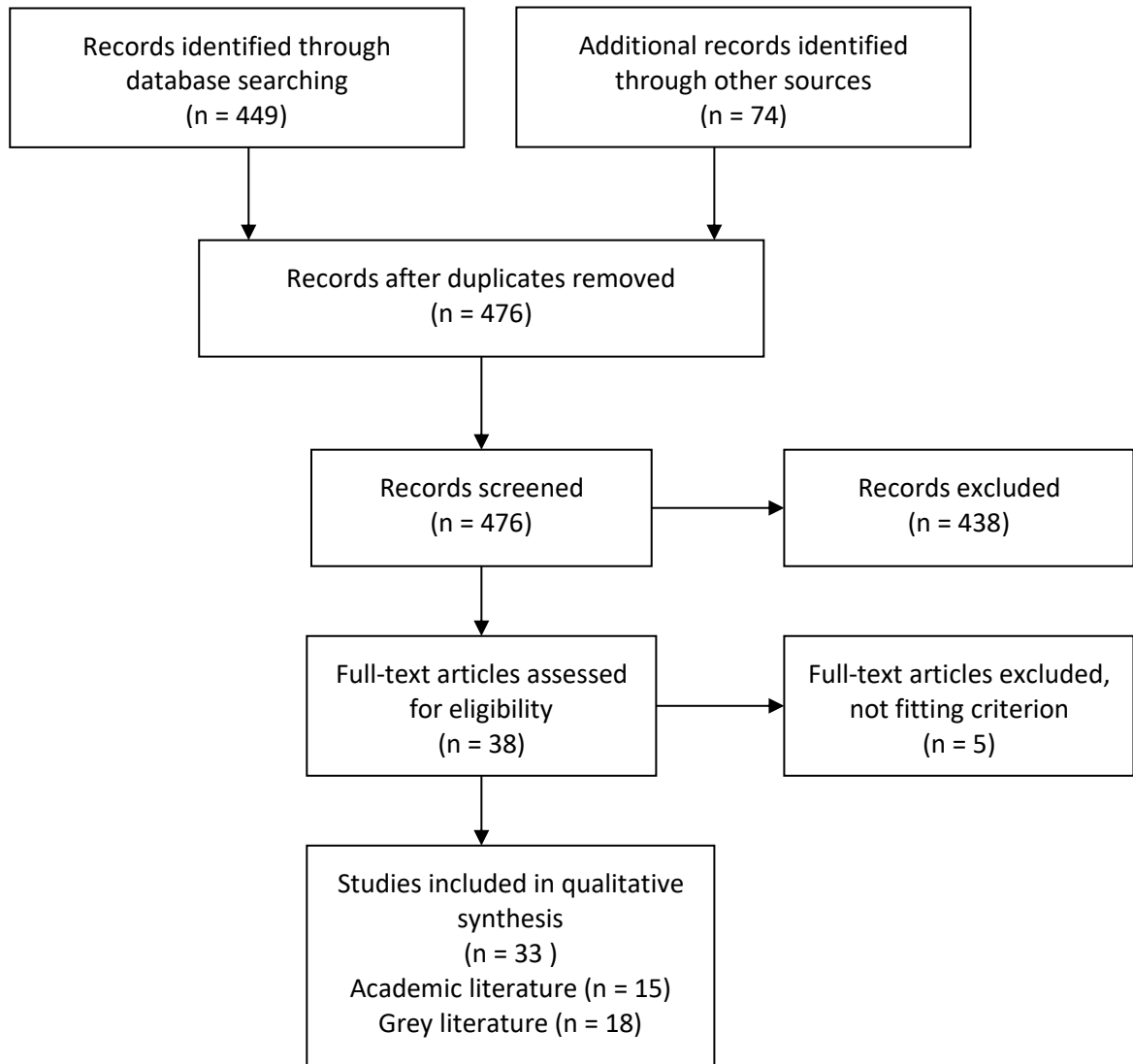
						invited to take part
Armstrong	2010			yes	Age, gender, views about abuse, evaluation and data analysis	n.a.
Hill & Wales	2011	n.a.	n.a.	n.a.	n.a.	n.a.
Child helpline	2013		n.a.	n.a.	n.a.	n.a.
Children 1 <sup>st</sup>	2015	n.a	n.a.	n.a.	n.a.	n.a.



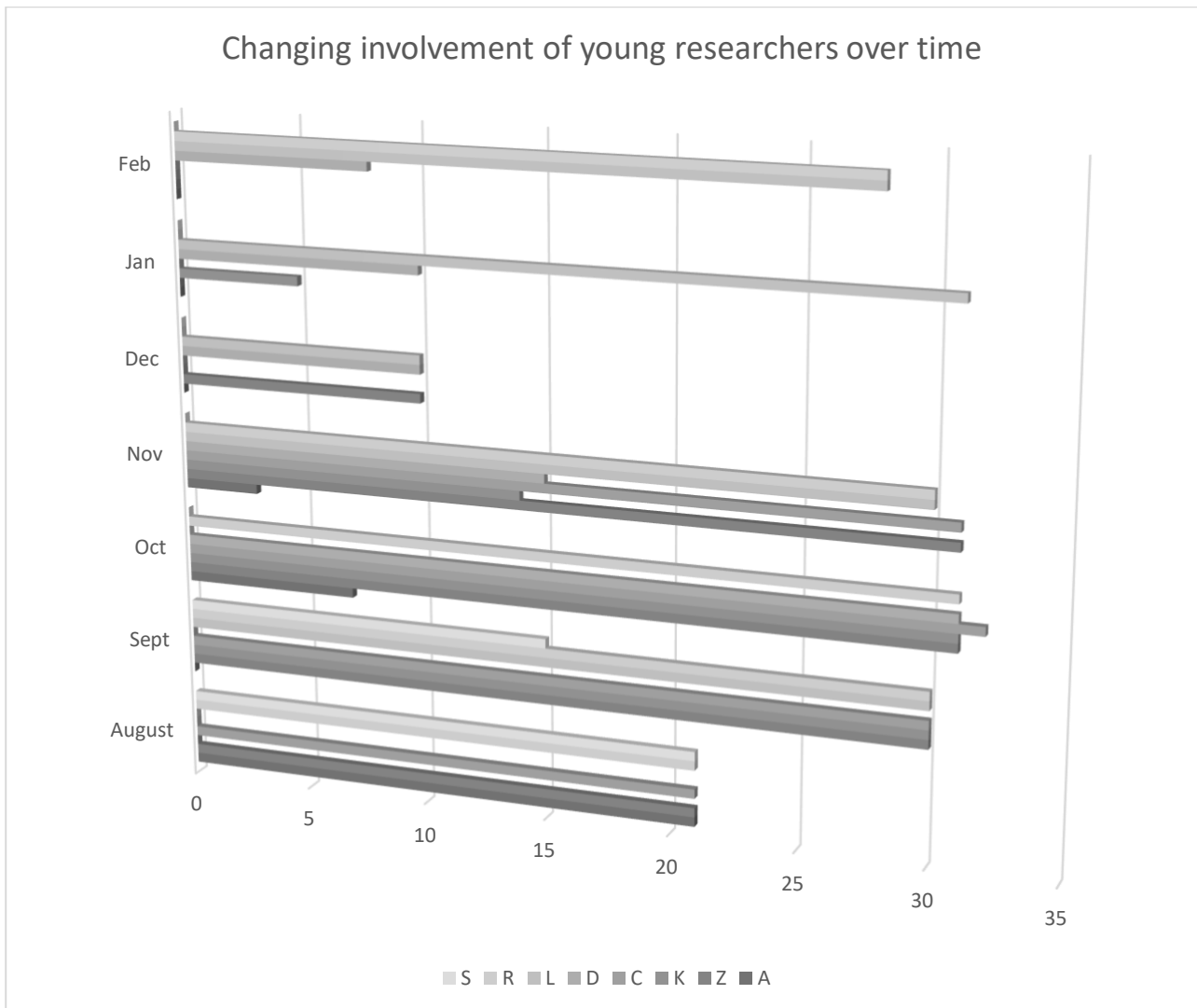
**Appendix four: table 2.4 methods of academic literature review study**

<b>References</b>	<b>Data analysis</b>	<b>Interviews</b>	<b>Focus groups</b>	<b>Survey</b>	<b>Information gathered</b>	<b>YP participation?</b>
Crisma et al	no	yes	no	no	Gender, age, type of abuse, perpetrators	Call to a free phone; no involvement in design or interpretation. Questions agreed by researchers
Jackson et al	yes	no	no	no	Gender, age, type of abuse, perpetrator	Data from helpline.
Ungar et al	yes	yes	yes	no	Gender, age, Views about abuse	Key stakeholders helped with interviews and focus groups analysed data and helped interpret findings.
Miles	no	no	no	yes anonym ous survey	Age, gender, socio-economic status, religion, views about abuse	Children chosen to participate. Young people commented on survey before it was administered.
Chan et al	no	no	yes	no	Age, gender, views about abuse	Children chosen to participate
Carlson & Peckham	no	no	yes	yes school survey	Age, gender, rural or not, views about sexual health	Schools chosen to participate, 88% took part.
Ingram & Salmon	yes	yes		yes anonym ous survey	Age, gender, views about sexual health	Surveys distributed in school by youth workers no mention of return rate. Focus groups during lessons in school
Nwokolo et al	no	no	yes	yes school survey	Age, gender, views about sexual health	Focus group recruited through posters, young people facilitated to lead project and devise survey.
Murray et al	no	no	no	yes survey Likert scale	Age, gender, views about sexual health	Young people commented on survey before administered
Bar-Cohen	no	no	no	yes survey	Age, gender, views about	Young people using a clinic

					sexual health	
Shaffer et al	no	no	yes	no	Age, gender	Focus groups led by nurses
Reeves et al	no	no	no	yes survey	Age, gender, ethnicity, religion, views about sexual health	Young people chosen in schools. Researchers chose survey and analysed data
Kay et al	no	no	no	Yes school survey	Age, gender, views about sexual health	10% of school randomly selected. Researchers analysed data.
Donnelly	no	no	yes	no	Age, gender, views about sexual health	Young people approached by youth leader. Researcher chose questions and analysed data
Hayter	yes	yes	no	Yes satisfaction survey	Age, gender, views about sexual health	Young people chose to take part or be interviewed.

**Appendix five:** Figure 1: Prisma Flow Diagram of literature search

## Appendix six: the researchers changing involvement





### Appendix seven: age and gender breakdown in relation to participation

<12	12-15	16-18	19-21	22-25	25>	male	female	other	total	method
0	2 (25%)	5 62.5%	1 12.5%	0	0	2 (16-18) (25%)	6 (75%)	0	8 (6%)	researcher
0	2 (20%)	8 (80%)	0	0	0	1 (12-15) (10%)	9 (90%)	0	10 (7%)	interviews
3 3%	27 (28%)	24 (25%)	16 (17%)	23 (24%)	3 3%	17 (18%) 1 (<12) 6 (12-15) 5 (16-18) 3 (19-21) 2 (22-25)	78 (81%)	1 (1 %)	96 (69%)	survey
0	6 (75%)	2 (25%)	0	0	0	2 (12-15) (25%)	6 (75%)	0	8 (6%)	online chat
0	10 (56%)	6 (33%)	2 (11%)	0	0	3 (16-18) (17%)	15 (83%)	0	18 (13%)	focus group
3 2%	47 (34%)	45 (32%)	19 (14%)	23 (16%)	3 2%	25 (18%)	114 (81%)	1 (.7%)	140	totals

## **Appendix eight: training sessions for young researchers**

At our first meeting we agreed that we needed two half day training sessions on methods of gathering data, communication, ethics and data analysis. A further session was agreed after the second session.

### Session 1

What is research? Why do we do research? What is it for?

What is Participatory Action Research?

How can we do research effectively? What is a research question? Why do we need one?

Ethics and confidentiality. What do we mean by ethics? What is an ethics committee?

Thinking through what could possibly go wrong during research.

Summary of session: Feedback from participants.

### Session 2

Recap on last session

Data collection methods.

Focus groups, interviews, case studies, graffiti walls, online and offline methods.

What other ways can we collect data?

Should it be done differently for young people?

Summary and feedback

### Session 3

Recap on last session

What does everyone remember about Ethics?

Why do we need ethics?

How important is it?

Discussions about ethics in relation to confidentiality.

Summary of session.: Feedback on session

## Appendix nine: Questions for, survey, interview and focus groups

**Study title:** Exploring the views of young survivors of sexual abuse on confidentiality

The purpose of this study is to gain a greater understanding of the views of young survivors of sexual abuse about confidentiality, find out what degree of confidentiality is wanted, and why it is wanted. This study is being carried out as part of a PhD study, and the results will be used to inform others of the views of young survivors.

Age group (please circle)

12-15

16-18

19-21

22-25

Gender

Male

Female

Other (please share if you wish)

I'd rather not say

Are you a survivor of sexual abuse?

Yes

No

Rather not say

Have you ever experienced any kind of abuse?

Yes

No

prefer not to say

If you feel okay saying, could you circle the kind of abuse you experienced?

Neglect

bullying

sexual abuse

physical abuse

emotional abuse

domestic abuse

other

prefer not to say.

What is the most important thing in allowing you to trust someone enough to talk openly to them?

Have you ever been unable to talk to someone because you feared that what you say might not be kept private/confidential? Yes no

If you answered yes, can you say why you needed it to be private? Tick all that apply.

Embarrassed

Worried about what might happen

Didn't want parents to know

Didn't want everyone knowing

Other (please say)

Have you ever shared something private with someone you trusted then found out that they shared it without your permission? Yes No

If yes, can you say what happened as a result of this?

Have you ever told someone something private and they **have** kept it private for you?

Yes

No

If yes, how important was it to you that it be kept private? Please circle with 1 being not very important and 5 being most important.

Not very      1      2      3      4      5      extremely important

Has knowing what you tell someone would be kept private, ever helped you talk about something important or difficult?      Yes      No

Can you say more about this?

What would make it easier for you to talk to someone about very personal problems? Can you put these in order of importance? 1 being the most important, 2 being the second most important to you and so on.

The person knowing that your privacy is extremely important.  
 Trusting the person not to tell anyone else.  
 Knowing the person will not judge you.  
 Believing the person will get help for you.  
 Knowing that the person has personal experience of what you need to talk about.  
 Knowing a little about the person, name gender etc.  
 Someone who will really listen to what you have to say.  
 The person being available outside office hours.  
 Something else. What?

Do you think there are any situations when things about you should be shared with other people, even without your agreement? If so, what situations?

Never      Only with my permission      Certain situations maybe      Yes

Can you explain the reason for your answer?

What degree of privacy/confidentiality do you believe young survivors of abuse need to be able to talk about what has (or is) happening to them? Please circle with 1 being a little privacy and 5 being total privacy.

A little privacy      1      2      3      4      5      total privacy  
 Please could you say a little about why you have given this answer?

Is there anything else you want to say?

## **Appendix ten: participants information sheet**

**Study title:** Exploring the views of young survivors of sexual abuse on confidentiality

My name is Laurie Matthew and I am the Manager at Eighteen And Under (18u). I am carrying out this study as part of my PhD at the University of Dundee.

### **Invitation**

I (Laurie) would like to invite you to take part in a research study. Before you decide, I would like to explain why the research is being done, and what it would involve for you. Please take time to read (or listen to) the following information carefully. Discuss the study with others if you wish. Ask me (Laurie) if there is anything that is not clear, or you don't understand, or if you would like more information. Take time to decide whether or not you wish to take part.

**Thank you for reading this.**

### **What is the purpose of the study?**

You are invited to take part in a study about confidentiality. The purpose of the study is to gain a greater understanding of the views of young survivors of sexual abuse about confidentiality, find out what degree of confidentiality is wanted, and why it is wanted. This study is being carried out as part of my PhD studies, and the results will be used to inform others of the views of young survivors.

### **Will you be asked anything of a sensitive nature (for example about abuse)?**

No! We are purely interested in your views about confidentiality and the reason for your views. We will not ask you to share anything that is personal or that might be sensitive or upsetting for you.

### **Why have you been invited?**

All service users, workers and volunteers of 18u, both past and present have been invited to take part in this study.

### **What are your rights?**

Participation in this study is completely voluntary and you are free to refuse to take part, or to withdraw from the study at any time, without having to give a reason, and without this affecting your relationship with 18u. You can be involved with the research to whatever degree you choose.

### **What will happen to you if you take part?**

If you think that you may be interested, let me (Laurie) know and we can discuss how you want to be involved, and I can answer any questions you may have. You can be involved in a number of ways.

You can be involved as a co-researcher and help gather data, help look over and analyse the data and help with the write up and sharing the results and conclusions. While involved, 18u's policy on confidentiality must be adhered to at all times.

You can take part in a focus group

You can talk to myself or one of the other researchers in private

You can provide information on the graffiti wall in the Centre, or through social media or on the message board. As is customary, when using the graffiti wall or social media or the message board, do not put your name or anything that will identify yourself.

With your permission, I would like to audio record the focus group or talk. Each meeting will last for approximately 30-60 minutes. All data, whether provided on the Message Forum, or through social media, including video or audio files, will be transcribed, anonymised and identified only by a number, rather than your name or other identifiable information; no one but the lead researcher (Laurie) will have access to the audio or video files. The data will be anonymised by the lead researcher, before any co-researchers see it, so that no one can be identified from it, but once it is anonymised co-researchers will help analyse it.

**What if you decide not to take part?**

If you choose not to take part in the study nothing will change.

If you decide to withdraw from the study at a later stage after it starts, I will ask your permission to use the information you have already given. If you don't want this, then the information will be destroyed. I will not collect any further information from you.

**What if something goes wrong?**

Any complaints that you have about this study should be addressed to myself in the first instance. You can also ask to speak to a member of 18u management if you prefer.

It is very unlikely that you will be harmed by taking part in this study. If you become upset during the study, a support worker at 18u will be available to offer support.

If you wish to complain about any aspect of the way you have been approached or treated during the course of this study, the normal complaints procedure will be available to you. Any worker or volunteer in 18u will give you further information if necessary; you can also phone 01382 206222 to register your complaint.

You can also contact my supervisor at the University of Dundee.

Dr Ian Barron

Tel: 01382 381479

Email: I.G.Z.Barron@dundee.ac.uk

**Will you taking part in this project be kept confidential?**

All information will be recorded and anonymised in a strictly confidential way so that you cannot be identified from it and it can never be tracked back to you. The information you share with me will be used in my thesis and any publications stemming from it.

**How will the information you give be used?**

The information from our talks will be recorded and transcribed. This information will be used in an analysis involving responses from all participants. It will not be possible to identify you personally from any information you give, in any published material. Any quotes used from our talks will be anonymised, and you will be asked to agree that these quotes can be used in reports or publications arising from this study. I will use the information given by you, to develop a better understanding of what young people want in terms of confidentiality. I will write a final report and publish our findings in academic journals.

**Who is funding this study?**

This study is being carried out as part of a PhD study. The fees for the PhD are partly paid by 18u and Laurie Matthew.

**Who has reviewed the study?**

The University of Dundee's Research Ethics Committee has examined the proposal and has raised no objections from the point of view of ethics. The Directors of 18u have given permission for the study.

**How can you get more information or contact myself?**

If you have any questions or you wish to obtain further information about this study you may contact the following people:

Laurie Matthew

Tel: 07515154063

Work email: [lormac1053@aol.com](mailto:lormac1053@aol.com)

University email: [l.a.matthew@dundee.ac.uk](mailto:l.a.matthew@dundee.ac.uk)

You may also contact: Joseph Lumbasi who is a Director of Eighteen And Under.

Joseph Lumbasi

Tel: 01382 206222

Email: [josephlumbasi@aol.com](mailto:josephlumbasi@aol.com)

If you are willing to take part in this study, please let me know, either directly or through Joseph or Keiran (who are both available daily in the Centre and will have information sheets available). I will then contact you once you have had time to consider this information.

**Thank you for reading this information sheet and considering taking part in the study.**

Please use the slip below, to indicate that you agree to your details being passed to the research team by Joseph or Keiran Watson. Keiran is, as you know, the lead worker on the Learn 2 Listen project and the co-ordinator of all support within 18u.

I agree to my contact details being passed to the research team

Name:

Mobile:

Sign or mark here:

Date:

**Appendix eleven: participants consent form**

I have read (had explained) the information sheet about this study.

I have had the opportunity to ask questions and am aware that I can ask further questions at any time during the study.

I agree to the interview being recorded.

I understand my right to ask for the recorder to be switched off at any time.

I understand my right to choose not to answer any questions

I understand my right to withdraw from the study at any time without question or penalty.

I agree to parts of this interview being used in the researchers' dissertation and any articles arising from it.

I understand that my contribution will be made confidential in that any identifiable information will be removed.

I understand that a transcript of the interview will be made available to me for my approval and that I can change, add or delete any part of it prior to it being used for the study.

Name

Signed

Date



**Appendix twelve: young researchers consent form**

I have read, understood, (and had explained) the information about being involved in this study.

I have had the opportunity to ask questions and am aware that I can ask further questions at any time.

I agree to participate in the research as a researcher, attend relevant trainings or discussions, keep a diary and that involvement will be recorded and anonymised.

I understand my right to ask for, and receive support or further information at any time.

I understand my right to choose to use any name I want to protect my identity and to be involved in whatever way I choose.

I understand my right to withdraw from the study without question or penalty and to re-join again at any time during the study.

I agree to information about my involvement being used in the researchers' dissertation and articles arising from it.

I understand that my contribution will be made confidential in that any identifiable information will be removed.

I understand that a transcript will be made available to me for my approval and that I can change, add or delete any part of it prior to it being used for the study, final submission or publication.

Name

Signed

Date

### Appendix thirteen: Rosenberg Self-Esteem Scale (Rosenberg, 1965)

You need to answer by agreeing with one of these four possibilities:

**SA = Strongly Agree – A = Agree – D = Disagree – SD = Strongly Disagree**

1. On the whole I am satisfied with myself. SA, A, D, SD
2. At times I think that I am no good at all. SA, A, D, SD
3. I feel that I have a number of good qualities. SA, A, D, SD
4. I am able to do things as well as most other people. SA, A, D, SD
5. I feel I do not have much to be proud of. SA, A, D, SD
6. I certainly feel useless at times. SA, A, D, SD
7. I feel I am a person of worth, at least the equal of others. SA, A, D, SD
8. I wish I could have more respect for myself. SA, A, D, SD
9. All in all, I am inclined to feel that I am a failure. SA, A, D, SD
10. I take a positive attitude toward myself. SA, A, D, SD

To calculate scores                      Statements 1-3-4-7-10

**Strongly agree = 3 points**

**Agree = 2 points**

**Disagree = 1 point**

**Strongly disagree = 0 points**

For statements 2-5-6-8-9 the values are reversed

**Strongly agree = 0 points**

**Agree = 1 point**

**Disagree = 2 points**

**Strongly disagree = 3 points**

Between 15 – 25 points, is within the normal range! Scores below 15 are an indicator of low self-esteem.

## Appendix fourteen: Warwick-Edinburgh Mental Well-being Scale.

### 1. I've been feeling optimistic about the future

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

### 2. I've been feeling useful

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

### 3. I've been feeling relaxed

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

### 4. I've been feeling interested in other people

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

### 5. I've had energy to spare

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

### 6. I've been dealing with problems well

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

### 7. I've been thinking clearly

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

### 8. I've been feeling good about myself

- a) None of the time (1 point)      Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

### 9. I've been feeling close to other people

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

### 10. I've been feeling confident

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

**11. I've been able to make up my own mind about things**

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

**12. I've been feeling loved**

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

**13. I've been interested in new things**

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

**14. I've been feeling cheerful**

- a) None of the time (1 point)      b) Rarely (2 points)      c) Some of the time (3 points) d) Often (4 points)      e) All of the time (5 points)

**RESULTS**

**0-32 points** Your wellbeing score is very low.

Most people have a score between 41 and 59. You may want to begin by talking to a friend or health professional about how you can start to address this.

**32-40 points** Your wellbeing score is below average.

Most people have a score between 41 and 59. Why not take action to improve your mental wellbeing?

**40-59 points** Your wellbeing score is average.

Most people have a score between 41 and 59. You can still improve your mental wellbeing by taking action.

**59-70 points** Good news, your wellbeing score is above average.

Most people have a score between 41 and 59. Continue doing the things that keep you happy.

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